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ABSTRACT

This document gives highlights of the family planning situation in countries of the world, together with basic demographic statistics. Its purpose is to provide a quick reference source for those who work in family planning, population, and other related fields. Following a brief history of the pioneering work in family planning, population statistics for each of the five continents (Africa, America, Asia, Europe, and Oceania) are presented. These statistics include: population in 1975; projected population in 2000; population growth rate (1970-75); births per 1000 (1970-75); deaths per 1000 (1970-75); population under 15 (1975), and life expectancy. For each country within a continent the following statistics and information are presented: population in 1975; growth rate (1970-75); births and deaths per 1000 (1975); degree of government involvement in family planning activities; the existence of private, voluntary family planning associations within the country, and whether the country is a member of the Internaitonal Planned Parenthood Federation. (BT)

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Africa
America
Asia
Europe
Oceania

Family Planning in Five Continents

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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Introduction

FAMILY PLANNING IN FIVE CONTINENTS appears in a different style this year. The increase in number of government and private family planning programmes, the wide variety of delivery systems and the introduction of new activity areas such as sex education and legal reforms have made country entries longer. At the same time, rising costs of paper and postage have compelled us to find ways to produce a more economical publication. The result of our efforts to combine these two requirements is the more compact design you will see in the following pages. We hope that the regular readers of *Five Continents* will still find it easy to look for the information they want.

The aim of *Family Planning in Five Continents* remains the same; it attempts to give highlights of the family planning situation in each country, together with basic demographic statistics. Its purpose is to provide a quick reference source for those who work in family planning, population and related fields.

In order to help the busy reader we have used symbols to mark the highlights of family planning situation in each country. When you see ○ next to the name of a country it means that the government is involved in family planning to a certain degree – it either provides limited services or supports the activities of other agencies, mostly in the private sector. Governments which have officially announced their intention to set up a comprehensive programme or have stated a policy to curb the growth of their population are also shown with this symbol. ● denotes a higher degree of government involvement – an established family planning programme carried out either through the public health network or by a separate governmental agency. Two other symbols are used: ▲ indicates the existence of a private, voluntary family planning association and ■ denotes membership of the International Planned Parenthood Federation.

Organizations listed as providing assistance to one or more family planning projects in a country are those which give bilateral aid. An increasing number of countries also make contributions to multilateral programmes. By the end of September 1975, 23 governments had made contributions to IPPF programmes and 78 to the United Nations Fund for Population Activities.

To ensure a certain degree of comparability, demographic data for all countries have been taken from the latest UN estimates made in 1973. For a few countries for which the latest estimates are not available, earlier UN estimates have been used. For birth and death rates in Antigua, Belize, Dominica, Grenada, St Lucia and St Vincent, the source is the Pan American Health Organization.

To save space, abbreviations have been used for the names of most organizations and for some of the more common terms. A key to these abbreviations is given on the next page.

For more information on family planning programmes throughout the world, please contact the Information Departments of IPPF Central or Regional Offices.

KEY TO ABBREVIATIONS

APHA	American Public Health Association
AVS	Association for Voluntary Sterilisation
CARE	Co-operative for American Relief Everywhere Inc.
CBD	Community-based Distribution
CELADE	Centro Latinoamericano de Demografia
CFPA	Caribbean Family Planning Affiliation
CIDA	Canadian International Development Agency
CWS	Church World Service
DANIDA	Danish International Development Agency
ECWA	Economic Commission for West Asia (UN)
FAO	Food and Agriculture Organization
fp	family planning
FPA	Family Planning Association (or equivalent body)
FPIA	Family Planning International Assistance (USA)
HEW	Department of Health, Education & Welfare (USA)
IASSW	International Association for Schools of Social Work
IBRD	International Bank for Reconstruction and Development (World Bank)
IDA	International Development Association
IDRC	International Development Research Centre (Canada)
I&E	Information and Education
IGCC	Inter-Governmental Co-ordinating Committee for Population and Family Planning in South-east Asia
ILO	International Labour Or
IUD	Intra-Uterine Device
JOICFP	Japanese Organization f
KAP	Knowledge, Attitude an
MCH	Maternal and Child Heal
MOE	Ministry of Education
MOH	Ministry of Health
NORAD	Norwegian Agency for I
PAHO	Pan American Health O
PSI	Population Services Inte
PRB	Population Reference B
RC	Roman Catholic
SIDA	Swedish International D
SIECUS	Sex Information and Ed
UKODM	United Kingdom Overse
UNFPA	United Nations Fund fo
UNICEF	United Nations Internat
UNESCO	United Nations Educati
USAID	United States Agency f
UUSC	Unitarian Universalist S
WAY	World Assembly of You
WHO	World Health Organizat

ILO	International Labour Organisation
IUD	Intra-Uterine Device
JOICFP	Japanese Organization for International Co-operation in Family Planning
KAP	Knowledge, Attitude and Practice
MCH	Maternal and Child Health
MOE	Ministry of Education
MOH	Ministry of Health
NORAD	Norwegian Agency for International Development
PAHO	Pan American Health Organization (WHO)
PSI	Population Services International
PRB	Population Reference Bureau
RC	Roman Catholic
SIDA	Swedish International Development Authority
SIECUS	Sex Information and Education Council of the USA
UKODM	United Kingdom Overseas Development Ministry
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UNESCO	United Nations Education, Scientific and Cultural Organisation
USAID	United States Agency for International Development
UUSC	Unitarian Universalist Service Committee
WAY	World Assembly of Youth
WHO	World Health Organization

Family Planning in Five Continent

Region	Population in 1975	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)
WORLD	3,967,005,000	6,253,135,000	1.9%	31.5	12.8
Africa	401,138,000	813,119,000	2.6%	46.3	19.8
Latin America	324,092,000	619,929,000	2.7%	36.9	9.2
North America	236,841,000	296,199,000	0.9%	16.5	9.3
East Asia	1,005,665,000	1,369,069,000	1.7%	26.2	9.8
South Asia	1,249,793,000	2,267,266,000	2.5%	41.9	16.7
Europe	473,128,000	539,812,000	0.6%	16.1	10.4
USSR	255,038,000	315,027,000	1.0%	17.8	7.9
Oceania	21,308,000	32,715,000	2.0%	24.8	9.3

The pioneering work in family planning was almost entirely done by non-governmental, voluntary family planning associations formed by enlightened volunteers concerned about the effects of continual childbearing on the health of women. While the history of organized contraceptive services goes back to the 19th Century, growth of public and private interest in family planning has been very rapid during the last 15 years. Before 1960, there were 32 private family planning associations and only four government programmes. By 1965, 28 more associations were formed and six more governments had started national programmes. Since 1965, the growth of family planning has been even more rapid. This edition of *Family Planning in Five Continents* lists some 120 associations and 74 officially established government programmes, with 16 more governments providing some family planning services. But there are still 38 countries – mostly in Africa – where no organized family planning services are available.

The rationale behind the surge of interest in the 1960s included all these factors but also another important element which had a broader impact on government policies. This was a wide-spread realization that high rates of population growth had serious implications on efforts to develop the economy and raise living standards. Many family planning programmes in the 1960s, especially in Asia and some African countries, started with a demographic objective: to decrease the population growth rate through a significant decline in fertility.

The first organized family planning activity was started in the Netherlands with the foundation of a family planning association in 1881. Much of the earlier pioneering work was motivated by concern for the ill-health and mortality caused by too closely spaced pregnancies and childbearing and by illegal abortions. In Britain and the United States of America family planning services were also d
only as a health measure but as a basic huma

By 1974, when the World Population Confe
programmes had reached their goals. Experi
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to provide the most meaningful and accept
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in many countries. These include b ter and
birth attendants and extension workers wh

The acceptance of the World Population Pla
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governments.

n Five Continents

Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
1.9%	31.5	12.8	36.0%	55.2
2.6%	46.3	19.8	44.2%	47.3
2.7%	36.9	9.2	42.0%	61.4
0.9%	16.5	9.3	25.5%	71.4
1.7%	26.2	9.8	32.7%	62.5
2.5%	41.9	16.7	43.1%	48.5
0.6%	16.1	10.4	23.9%	71.2
1.0%	17.8	7.9	25.7%	70.4
2.0%	24.8	9.3	31.5%	65.8

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tors but also cies. This was a mplications on ning programmes a demographic ne in fertility.

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America family planning services were also demanded by women's emancipation groups not only as a health measure but as a basic human right as well.

By 1974, when the World Population Conference met at Bucharest, very few family planning programmes had reached their goals. Experiences in many parts of the world had shown the need for integrating family planning education and services with other development efforts to provide the most meaningful and acceptable services to the people. The relationships between family size and major global issues such as the food shortage, malnutrition, environmental degradation, unemployment and the lower status of women are more and more widely recognized by development workers. Organizations and individuals working towards bringing about a better quality of life for people, look for ways in which all their efforts can be combined to achieve this common objective.

Experiences in many parts of the world have also pointed to the need for more extensive educational and contraceptive delivery services than the already over-burdened health network can provide. Family planning in the 1970s is characterized by a much broader approach to the community-based services. Small projects to make contraceptives available outside the clinics have led the way to large scale community-based distribution programmes in many countries. These include better and wider use of para-medical personnel, traditional birth attendants and extension workers who are in day-to-day contact with the people.

The acceptance of the World Population Plan of Action at the Bucharest Conference is a confirmation of a belief shared by 136 governments that family planning is a basic human right and that to provide people with the means to enjoy this right is a fundamental duty of governments.

Africa

Region	Population in 1975	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1((1970-75)
Africa	401,138,000	813,119,000	2.6%	46.3	19.8

Despite the slow start of family planning activities in Africa, there has been an accelerating increase in the interest of governments in family planning during recent years. Eleven African governments now have officially established family planning programmes and 18 others either provide some services, usually through the maternal and child health network, or support activities of private family planning associations or individual doctors. But people living in 22 countries with a total population of 64 million still do not have access to any organized family planning services.

Voluntary associations, which now number 24, have set the pace in family planning in some countries, often under difficult conditions, and have carried the sole responsibility for provision of family planning education and services. In some other countries however, government interest in family planning has started without the stimulation of a private association although influenced by the international community. Where both public and private sectors are active in family planning, voluntary associations work with governments to complement the national programme.

Family planning in Africa has been characterized by concern about the effect on families, particularly mothers and babies, of large numbers of children born in rapid succession. The objective of most African programmes is to improve the health of mothers and children by offering services for the spacing of pregnancies. In many parts of the continent this means replacing traditional social customs for child-spacing with reliable contraceptive methods. However, other social norms encourage large numbers of children as a source of parental pride and old age security.

Development of family planning activiti
Three of the five north African coun
well-established national family plannin
the growth of their populations. In sub-
Ghana and Kenya; on the whole, Englis
extensive services in family planning tha
French-speaking countries have been rel
the French 1920 anti-contraceptive law
Dahomey, Mali, Malagasy Republic, To
motion of family planning. In Mali, for
a family planning programme was starte

Although Africa has the second highest
America, most governments do not see
under-population, low population densi
graphic statistics are still scarce and un
Census Programme, supported by the U
provide population statistics for many c
indicate that, in 24 countries populatio
of these at 3% or more. An even greater
growth rate finally starts to slow down
reduction in death rates.

Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
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Development of family planning activities in Africa shows significant regional differences. Three of the five north African countries – Egypt, Morocco and Tunisia – have well-established national family planning programmes, all with declared policies to reduce the growth of their populations. In sub-Sahara Africa, there are government programmes in Ghana and Kenya; on the whole, English-speaking countries have longer histories and more extensive services in family planning than the Francophone countries. Until quite recently, French-speaking countries have been reluctant to encourage family planning and, in most, the French 1920 anti-contraceptive law is still in force. However now, governments in Dahomey, Mali, Malagasy Republic, Togo and Zaire are showing active interest in the promotion of family planning. In Mali, for example, the 1920 law was repealed in 1972 when a family planning programme was started.

Although Africa has the second highest population growth rate in the world, after Latin America, most governments do not see over-population as a problem. On the contrary, under-population, low population densities and sterility cause much greater concern. Demographic statistics are still scarce and unreliable in many African countries. The African Census Programme, supported by the United Nations Fund for Population Activities, will provide population statistics for many countries for the first time. Available data however, indicate that, in 24 countries population is growing at a rate of 2.5% or more and in seven of these at 3% or more. An even greater increase in population can be anticipated before the growth rate finally starts to slow down as improvements in health services will lead to a reduction in death rates.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ALGERIA

16,792,000	3.1%	48.7	15.4

No official policy but MOH programme to encourage wider spacing of births and pilot fp clinics in hospitals of Algiers (since 1967), Constantine and Oran. IPPF has provided training, contraceptives and literature. UNFPA, WHO, SIDA, Population Council, Ford Foundation and Pathfinder Fund provide assistance.

ANGOLA

6,353,000	2.3%	47.2	24.5

No organized fp activities.

●BOTSWANA
■

691,000	2.3%	45.6	23.0

Government programme since 1971, committed to child spacing within MCH services. 3,869 new and 4,405 continuing acceptors at 39 clinics in 1974; majority orals. IPPF grant to Government, which became IPPF member in 1971. All paramedical personnel are given fp training in a MCH context. Assistance from UNFPA, WHO, FAO, UNICEF, USAID and NORAD.

○BURUNDI

3,765,000	2.3%	48.0	24.7

No official policy or programme. At Government request IPPF supported a doctor at Bujumbura in a pilot project offering fp as part of MCH until 1973. Limited fp services at some mission hospitals. Assistance from WHO, USAID and Pathfinder Fund.

CAMEROON

6,398,000	1.8%	40.4	22.0

No official policy or programme. Advice and services at some urban health centres and from some doctors. Provision of public information on contraception prohibited. Limited assistance to individual doctors and nurses from IPPF, USAID, Pathfinder Fund, CWS, FPIA, and Population Council.

CAPE VERDE ISLANDS

295,000	1.9%	32.8	13.7

No organized fp activities.

Population (1975 est.)	*Growth rate (1970–75)*

CENTRAL AFRICAN REPUBLIC

1,790,000	2.1%

No official policy or programme. Governme
1971, Population Office was created within
Some doctors give fp advice. USAID assistar

CHAD

4,023,000	2.0%

No organized fp activities. Advice available
supporting demographic research and the Po
the Institute National Tchadien.

COMORO ISLANDS

306,000	2.5%

No organized fp activities, but considerable

CONGO, PEOPLE'S REPUBLIC OF

1,345,000	2.4%

No organized fp activities, but some interest

○DAHOMEY
▲
■

3,074,000	2.7%

No official policy. Fp services provided with
in urban areas. FPA, founded in 1972, IPPF
funds for population census scheduled for 19
project. IPPF grant to FPA. Assistance from

● EGYPT, ARAB REPUBLIC OF
▲
■

37,543,000	2.4%

Government programme since 1965. Target
at 3,031 fp centres; orals most popular follo
training programmes. FPA, founded in 1958
programme – has 22 branches with 421 clin
tive pilot projects to serve as a model at the
life of mother but an estimated 123 illegal a
Assistance from UNFPA, UNICEF, IBRD, I

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13.7

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

CENTRAL AFRICAN REPUBLIC

1,790,000	2.1%	43.4	22.5

No official policy or programme. Government favours increase in population. In January 1971, Population Office was created within MOH to gather demographic information. Some doctors give fp advice. USAID assistance for MCH/fp clinic.

CHAD

4,023,000	2.0%	44.0	24.0

No organized fp activities. Advice available from some doctors. French Government is supporting demographic research and the Population Council has supported a KAP Study by the Institute National Tchadien.

COMORO ISLANDS

306,000	2.5%	46.6	21.7

No organized fp activities, but considerable interest as islands progress towards independence.

CONGO, PEOPLE'S REPUBLIC OF

1,345,000	2.4%	45.1	20.8

No organized fp activities, but some interest in Government circles.

○ **DAHOMEY**

▲
■

3,074,000	2.7%	49.9	23.0

No official policy. Fp services provided within MCH and by private doctors and midwives in urban areas. FPA, founded in 1972, IPPF member 1975, concentrates on I&E. UNFPA funds for population census scheduled for 1975/76. USAID supports a MCH/Child-spacing project. IPPF grant to FPA. Assistance from Pathfinder Fund, FPIA, OXFAM and WAY.

● **EGYPT, ARAB REPUBLIC OF**

▲
■

37,543,000	2.4%	37.8	14.0

Government programme since 1965. Target to reduce birth rate to 30/1000 by 1978. Services at 3,031 fp centres; orals most popular followed by IUD. Government also operates I&E and training programmes. FPA, founded in 1958, IPPF member 1963, complements national programme – has 22 branches with 421 clinics of which 153 are in rural areas. Runs innovative pilot projects to serve as a model at the national level. Abortion only permitted to save life of mother but an estimated 123 illegal abortions per 1000 live births. IPPF grant to FPA. Assistance from UNFPA, UNICEF, IBRD, IDA, IDRC and Ford Foundation.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

EQUATORIAL GUINEA

310,000	1.7%	36.8	19.7

No organized fp activities.

○ ▲ ■ **ETHIOPIA**

27,975,000	2.4%	49.4	25.8

No official policy but Government does not object to fp as part of MCH. FPA founded in 1966, IPPF member in 1971, was recognized by the Government in late 1974. Runs 38 clinics with 7,112 new and 26,175 continuing acceptors in 1974; trains doctors and paramedics from government and mission hospitals and rural centres and runs education programmes in schools and integrated adult education projects. Advertisement of contraceptives illegal but no legal restriction on their sale. Abortion permitted only if the life or health is endangered. IPPF grant to FPA. Assistance from UNFPA, SIDA, USAID, OXFAM and World Education Inc.

GABON

526,000	1.0%	32.2	22.2

No organized fp activities.

○ ▲ ■ **THE GAMBIA**

509,000	1.9%	43.3	24.1

No official policy but Government permits the FPA (founded 1969, IPPF member 1971) to use MOH hospitals, health centres and medical personnel and allows duty-free imports of fp supplies. FPA runs 5 clinics and its staff visit outlying Government clinics – 1,196 new acceptors in 1974; majority orals. FPA also provides I&E and training services. IPPF grant to FPA. Assistance from UNFPA, UKODM, USAID and Population Council.

● ▲ ■ **GHANA**

9,873,000	2.7%	48.8	21.9

Government policy in 1969 and programme since 1970. Target to reach 10% fertile women by 1975 and to reduce growth rate to 1.75% by 2000. 90 clinics in 1974 with 13,440 new acceptors; over half orals. A CBD project for condoms and foams in operation. Major role of FPA (founded in 1966, IPPF member 1968) within national programme is provision of training, fieldwork and information and services in rural areas. 19,011 new acceptors at 38 FPA clinics in 1974. Services also available at 7 Christian Council of Ghana and 49 other centres. IPPF grant to FPA. Assistance from UNFPA, UNICEF, USAID, UKODM, CIDA, Population Council, Ford Foundation, WAY, World Education Inc., FPIA and CWS. IPPF West Africa Sub-regional Office in Accra. Government grant to IPPF.

Population (1975 est.)	*Growth ra (1970–75*

GUINEA

4,416,000	2.4%

No organized fp activities.

GUINEA-BISSAU

525,000	1.5%

No organized fp activities.

IVORY COAST

4,885,000	2.5%

No organized fp activities but some me spacing. Contraceptives available in limi

● ▲ ■ **KENYA**

13,251,000	3.3%

Government programme since 1966; ta year fp programme launched in 1973 to 305 government and other organization new acceptors per month; orals most p concentrates on I&E and fieldwork and Centre, a clinic-cum-training institution and, jointly with the Government, 7 m condoms. IPPF grant to FPA. Assistanc NORAD, Netherlands, Pathfinder Fund Council and Ford Foundation. IPPF Af

○ ▲ ■ **LESOTHO**

1,148,000	1.9%

No official policy but Government has formulate policy. FPA founded in 1968 in late 1971; IPPF member 1975. Offer 1,495 new acceptors in 1974. FPA wor of other agencies such as the Red Cross, and other governmental and non-govern Assistance from UNFPA and USAID.

eaths per 1000 (1970–75)	*Population (1975 est.)*	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*
	GUINEA			
19.7	4,416,000	2.4%	46.6	22.9
	No organized fp activities.			
	GUINEA-BISSAU			
25.8	525,000	1.5%	40.1	25.1
PA founded in 74. Runs 38 clinics d paramedics n programmes in ptives illegal but th is endangered. World Education Inc.	No organized fp activities.			
	IVORY COAST			
	4,885,000	2.5%	45.6	20.6
	No organized fp activities but some medical personnel show interest in encouraging child-spacing. Contraceptives available in limited supplies from pharmacies, hospitals and clinics.			
22.2	●▲■ **KENYA**			
	13,251,000	3.3%	48.7	16.0
24.1	Government programme since 1966; target to reduce growth rate by 1% in 10 years. Five-year fp programme launched in 1973 to expand contraceptive services and training. Some 305 government and other organization clinics provide fp services with an estimated 3,200 new acceptors per month; orals most popular. FPA founded in 1961, IPPF member in 1963, concentrates on I&E and fieldwork and runs 8 clinics. IPPF runs Family Planning Welfare Centre, a clinic-cum-training institution for training Kenyan and other African fp personnel and, jointly with the Government, 7 mobile units in rural areas. PSI runs a CBD project for condoms. IPPF grant to FPA. Assistance from UNFPA, IBRD, FAO, UNICEF, SIDA, USAID, NORAD, Netherlands, Pathfinder Fund, OXFAM, WAY, World Neighbors, FPIA, Population Council and Ford Foundation. IPPF Africa Regional Office in Nairobi.			
nember 1971) to ree imports of fp – 1,196 new ces. IPPF grant l.				
	○▲■ **LESOTHO**			
21.9	1,148,000	1.9%	39.0	19.7
% fertile women ith 13,440 new ion. Major role is provision of acceptors at 38 and 49 other KODM, CIDA, nd CWS. IPPF	No official policy but Government has set up an interim National Population Commission to formulate policy. FPA founded in 1968, was closed down by the Government and reopened in late 1971; IPPF member 1975. Offers services in all 9 districts through 10 clinics with 1,495 new acceptors in 1974. FPA works towards integrating its programme with those of other agencies such as the Red Cross, the University of California Santa Cruz project and other governmental and non-governmental organizations. IPPF grant to FPA. Assistance from UNFPA and USAID.			

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ ■ **LIBERIA**

1,708,000	2.3%	43.6	20.7

Government policy in 1973 and an intensive fp/nutrition-cum health education project by MOH. FPA founded in 1956, IPPF member in 1967. Runs 5 clinics and provides services for fp, nutrition, and MCH. Abortion legal on medical grounds only. IPPF grant to FPA. Assistance from UNFPA, USAID, WAY, FPIA and Ford Foundation.

LIBYA

2,255,000	3.0%	45.0	14.7

No organized fp services; official policy is to increase population. Interest in the health aspects of fp is growing among medical and para-medical personnel. Sale of and prescriptions for contraceptives illegal except for medical reasons. Abortion illegal but punishment may be reduced if pregnancy is illegitimate.

○ ▲ ■ **MALAGASY REPUBLIC**

8,020,000	2.9%	50.2	21.1

Government now favourable towards fp within MCH. A Department of Population was set up at the MOH in 1973 and FPA (founded in 1967, IPPF member in 1971) is represented on National Commission on Population. FPA runs 7 clinics with 2,344 new acceptors in 1974; advice and services limited to married women with 4 or more children who have their husbands' consent. 1920 French anti-contraceptive law is still in force and abortion is illegal. IPPF grant to FPA.

MALAWI

4,916,000	2.4%	47.7	23.7

No organized fp activities; Government encourages population growth. Fp advice and publicity is prohibited but advice is available from some doctors and in some hospitals. USAID assistance for MCH extension project and UNFPA grant for 1976 census. World Neighbors also assists.

● ▲ ■ **MALI**

5,697,000	2.4%	50.1	25.9

Government pilot programme since 1972. Plans for fp/MCH integration announced in 1974; target to set up 23 clinics by 1977. FPA formed in 1972, IPPF member 1975, ran 6 clinics with 1,240 new acceptors in 1974 – IUD most popular. 1920 French anti-contraceptive law repealed in 1972. Assistance from UNFPA, IDRC and Pathfinder Fund.

Population (1975 est.)	*Growth rate (1970–75)*

MAURITANIA

1,283,000	2.0%

No organized fp activities; Government is a
Orals available in drugstores and the MCH
ception for medical reasons. USAID assista

● ▲ ■ **MAURITIUS**

899,000	1.8%

Government programme since 1972, target
founded in 1957, IPPF member in 1969. A
by Government and FPA now concentrate
hours and in industrial areas. An RC group
has a school sex education programme sinc
for families of 3 or more children. IPPF gra
UKODM, SIDA, Pathfinder Fund, Populat
to IPPF.

● ▲ ■ **MOROCCO**

17,504,000	2.9%

Government programme since 1965; policy
services at 180 health centres and 600 disp
the same year, plays a complementary I&E
on youth and rural areas. IPPF grant to FP
Population Council and Ford Foundation.

MOZAMBIQUE

9,239,000	2.8%

No organized fp activities.

NAMIBIA (SOUTH-WEST AFRICA)

708,000	2.3%

No organized fp activities.

Deaths per 1000 (1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
	MAURITANIA			
20.7	1,283,000	2.0%	44.8	24.9

ıcation project by provides services for rant to FPA.

No organized fp activities; Government is against any attempts to control population growth. Orals available in drugstores and the MCH centre in Nouakchott provides advice on contraception for medical reasons. USAID assistance for a MCH clinic.

	● **MAURITIUS** ▲ ■			
14.7	899,000	1.8%	24.4	6.8

t in the health of and prescriptions punishment may be

Government programme since 1972, target to reduce birth rate to 20/1000 by 1975. FPA founded in 1957, IPPF member in 1969. All but 2 of 107 FPA clinics have been taken over by Government and FPA now concentrates on I&E and provision of services after working hours and in industrial areas. An RC group, Action Familiale, teaches rhythm method and has a school sex education programme since 1967. Family allowances have been decreased for families of 3 or more children. IPPF grant to FPA. Assistance from UNFPA, UNICEF, UKODM, SIDA, Pathfinder Fund, Population Council, WAY and FPIA. Government grant to IPPF.

	● **MOROCCO** ▲ ■			
21.1	17,504,000	2.9%	46.2	15.7

Population was set 71) is represented on acceptors in 1974; ho have their d abortion is illegal.

Government programme since 1965; policy to integrate fp in basic health services. Fp services at 180 health centres and 600 dispensaries. FPA, founded in 1971, IPPF member the same year, plays a complementary I&E role to the national programme and concentrates on youth and rural areas. IPPF grant to FPA. Assistance from UNFPA, UNICEF, USAID, Population Council and Ford Foundation.

	MOZAMBIQUE			
23.7	9,239,000	2.8%	43.3	20.6

Fp advice and ome hospitals. 5 census. World

No organized fp activities.

	NAMIBIA (SOUTH-WEST AFRICA)			
25.9	708,000	2.3%	45.5	23.2

nnounced in mber 1975, ran rench anti- Pathfinder Fund.

No organized fp activities.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

NIGER

4,592,000	2.7%	52.2	25.5

No official policy and no organized fp activities. Advice on child-spacing available privately. A few urban dispensaries and pharmacies provide contraceptives at high prices. 1920 French anti-contraceptive law still in force and abortion is permitted only to save the life of the mother. USAID and Population Council have provided some assistance.

○ **NIGERIA**
▲
■

62,925,000	2.7%	49.3	22.7

Government plans to integrate fp into national health service. National Population Council established in 1975 to formulate policy and programme. Fp services available in 10 of 12 states. FPA founded in 1964, IPPF member in 1967, runs 52 clinics with 33,231 new acceptors in 1974. Other main areas of activities are I&E and fieldwork. IPPF grant to FPA. Assistance from UNFPA, WHO, IDRC, Population Council, CWS, FPIA, WAY, Pathfinder Fund, Ford Foundation and World Neighbors.

▲ **REUNION**

501,000	2.3%	31.2	8.5

No official policy or programme. FPA, founded in 1966 and financed by the French Government provides fp services. More than 14,000 women have accepted fp. Injectables most popular. An RC group teaches rhythm method. 1920 French anti-contraceptive law has been repealed and the new law encourages local Government support for fp. Abortion is common although illegal. IPPF provides technical assistance and supplies.

● **RHODESIA**
▲

6,276,000	3.4%	47.9	14.4

Government programme since 1966 through MCH. Fp services available from approximately 570 locations – FPA clinics (28), government hospitals and health centres, mission hospitals, mines and estates. Government runs a 'field agent' scheme to distribute orals to women in remote areas. FPA, founded in 1957, provided services to 24,760 new acceptors in 1974 – over half injectables. It also provides I&E and training. A working party on Population Education set up within MOE. Abortion illegal except to save the life of the mother. IPPF grant to FPA. Assistance from OXFAM and World Neighbors.

RWANDA

4,200,000	2.7%	50.0	23.6

Government opposed to fp except by methods approved by the Catholic Church. Fp advice available from few doctors. IPPF has provided some support for training. Some assistance from Pathfinder Fund, OXFAM and USAID.

Population (1975 est.)	*Growth rate (1970–75)*

○ **SENEGAL**
▲

4,418,000	2.4%

Government plans to start a family welfare... founded in 1970 and closed down in 19... Fund clinic and a private clinic in Dakar... and Rockefeller Foundation have provid...

○ **SEYCHELLES**

59,000	2.5%

Government policy announced August ... special IPPF project provides services at ...

○ **SIERRA LEONE**
▲
■

2,983,000	2.4%

No official policy but positive attitude t... IPPF member 1968, receives some suppo... clinical services with MCH programmes. ... concentrates on I&E and training. IPPF ... Population Council, Pathfinder Fund, F...

SOMALI REPUBLIC

3,170,000	2.7%

No organized fp activities. UNFPA is ass...

● **SOUTH AFRICA**
▲
■

24,663,000	2.8%

Government provides fp services at clini... month. Five-year National Fp Programm... founded in 1932, IPPF member in 1953... from Population Council and World Nei...

SPANISH SAHARA

75,000	0.9%

No organized fp activities.

hs per 1000 970–75)	*Population (1975 est.)*	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ SENEGAL ▲

25.5	4,418,000	2.4%	47.6	23.9

ble privately. 1920 French ife of the

Government plans to start a family welfare programme integrated with MCH. FPA was founded in 1970 and closed down in 1971. A new FPA was founded in 1974. A Pathfinder Fund clinic and a private clinic in Dakar provide services. IPPF, UNFPA, Ford Foundation and Rockefeller Foundation have provided assistance.

○ SEYCHELLES

22.7	59,000	2.5%	31.5	9.7

tion Council n 10 of 12 31 new grant to FPA. Pathfinder

Government policy announced August 1975; fp to be integrated within health services. A special IPPF project provides services at 5 clinics. Pathfinder Fund has also provided supplies.

○ SIERRA LEONE ▲ ■

8.5	2,983,000	2.4%	44.7	20.7

French Govern- bles most e law has been on is common

No official policy but positive attitude to fp within the health service. FPA founded in 1960, IPPF member 1968, receives some support from the Government and hopes to integrate its clinical services with MCH programmes. 1,945 new acceptors at 8 FPA clinics in 1974. FPA concentrates on I&E and training. IPPF grant to FPA. Assistance from UNFPA, USAID, Population Council, Pathfinder Fund, FPIA and Ford Foundation.

SOMALI REPUBLIC

3,170,000	2.7%	47.2	21.7

No organized fp activities. UNFPA is assisting with the population census.

● SOUTH AFRICA ▲ ■

14.4	24,663,000	2.8%	42.9	15.5

pproximately ssion hospitals, o women in rs in 1974 – pulation other.

Government provides fp services at clinics in all provinces which serve over 2,500 acceptors a month. Five-year National Fp Programme issued in 1975 to reach 50% of fertile couples. FPA founded in 1932, IPPF member in 1953, concentrates mainly on training. Some assistance from Population Council and World Neighbors.

SPANISH SAHARA

23.6	75,000	0.9%	–	–

ch. Fp advice e assistance

No organized fp activities.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ SUDAN

▲ ■

18,268,000	3.0%	47.8	17.5

No official policy or programme but Government support to FPA, founded in 1965, IPPF member in 1971. 3,860 new acceptors in 1974 at 16 FPA clinics in Khartoum and 12 clinics in the provinces, located in MCH centres; majority orals. FPA concentrates on I&E and training. IPPF grant to FPA. Assistance from UNFPA, WHO and IASSW. Government grant to IPPF.

○ SWAZILAND

468,000	2.7%	49.0	21.8

Government encouraging fp in MCH context with WHO assistance. Some individual doctors give fp advice. Assistance from UNFPA, UNICEF and USAID.

○ TANZANIA

▲ ■

15,438,000	3.0%	50.2	20.1

No official policy but Government offers services through rural health centres and permits mission health facilities to provide fp within MCH. FPA founded in 1959, IPPF member 1969, concentrates on training (including government personnel) and I&E but also provides services at 9 clinics and 20 up-country services; with 10,145 new acceptors in 1974. FPA channels IPPF-supplied contraceptives to rural health facilities. IPPF grant to FPA. Assistance from UNFPA, FAO, WHO, Finland, NORAD, USAID, IDRC, OXFAM, Population Council and FPIA.

○ TOGO

▲

2,248,000	2.7%	50.6	23.3

No official policy or programme but Government has shown interest in fp and intends to offer services in MCH centres in the rural areas. FPA was formed in March 1975 and sees I&E as its main role but will provide services in Lome. IPPF grant to FPA. Assistance from UNFPA and USAID. The Quaker Service in Lome, Pathfinder Fund and Population Council have also provided some assistance.

● TUNISIA

▲ ■

5,747,000	2.3%	40.0	13.8

Government programme since 1966; target to reduce birth rate to 28/1000 by 1976. Services through over 300 fp centres and 40 mobile units. 50,901 new acceptors in 1974; nearly half tubal ligation and abortion. IUD most popular. 10.2% of married women in fertile ages practicing some form of contraception. FPA founded in 1968, IPPF member 1969, collaborates

Population (1975 est.)	*Growth rate (1970–75)*

with the Government and is responsible for
is used for regional and local training. Abort
the first three months of pregnancy since 19
polygamy, minimum age of marriage and fa
age lower fertility. IPPF grant to FPA. Assis
Germany, Netherlands, USAID, Pathfinder
to IPPF.

○ UGANDA

▲ ■

11,353,000	2.9%

Government announced support for fp in 19
runs 24 clinics located at government and m
1974. FPA also has an I&E programme. Mak
Medical Bureaux provide fp services. IPPF g
USAID, OXFAM, Population Council and W

UPPER VOLTA

6,032,000	2.3%

No organized fp activities. Some individual
population census. USAID and WAY have p

○ ZAIRE

24,485,000	2.5%

Government has set up a National Council fo
fp project in Mamayemo General Hospital in
projects and USAID assistance for expansion
Committee, Pathfinder Fund and Population

○ ZAMBIA

▲ ■

5,022,000	3.1%

Government issued instructions to medical o
advice and that supplies were available from
5,546 new acceptors at 17 FPA clinics in 197
Abortion legalized in 1972. IPPF grant to FP
Pathfinder Fund.

Deaths per 1000 (1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

with the Government and is responsible for I&E. Also runs a model clinic at Montfleury which is used for regional and local training. Abortion is legal on social and medical grounds during the first three months of pregnancy since 1973. Several social welfare and civil laws – such as polygamy, minimum age of marriage and family allowances – have been modified to encourage lower fertility. IPPF grant to FPA. Assistance from UNFPA, WHO, IBRD, UNICEF, Germany, Netherlands, USAID, Pathfinder Fund and Population Council. Government grant to IPPF.

17.5

d in 1965, IPPF
oum and 12 clinics
s on I&E and
Government grant

○ UGANDA

▲
■

21.8	11,353,000	2.9%	45.2	15.9

ndividual doctors

Government announced support for fp in 1971. FPA, founded in 1957, IPPF member in 1964, runs 24 clinics located at government and mission hospitals with over 3,000 new acceptors in 1974. FPA also has an I&E programme. Makerere Medical School and Protestant and Catholic Medical Bureaux provide fp services. IPPF grant to FPA. Assistance from UNFPA, FAO, USAID, OXFAM, Population Council and World Neighbors.

20.1

tres and permits
IPPF member
but also provides
in 1974. FPA
to FPA. Assistance
pulation Council

UPPER VOLTA

6,032,000	2.3%	48.5	25.8

No organized fp activities. Some individual doctors give advice. UNFPA is assisting with the population census. USAID and WAY have provided assistance.

○ ZAIRE

23.3	24,485,000	2.5%	45.2	20.5

and intends to
1975 and sees
Assistance from
opulation Council

Government has set up a National Council for Promotion of Desirable Births in 1973. A MCH/fp project in Mamayemo General Hospital in Kinshasa. UNFPA grant for three demographic projects and USAID assistance for expansion of MCH services. IDRC, the Mennonite Central Committee, Pathfinder Fund and Population Council also assist.

○ ZAMBIA

▲
■

13.8	5,022,000	3.1%	51.5	20.3

0 by 1976. Services
1974; nearly half
n fertile ages prac-
969, collaborates

Government issued instructions to medical officers in 1974 that facilities be provided for fp advice and that supplies were available from FPA, founded in 1971, IPPF member in 1973. 5,546 new acceptors at 17 FPA clinics in 1974, although FPA's main role is in I&E. Abortion legalized in 1972. IPPF grant to FPA. Assistance from UNFPA, IASSW and Pathfinder Fund.

America

Region	Population in 1975	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 10 (1970-75)
Latin America	324,092,000	619,929,000	2.7%	36.9	9.2
North America	236,841,000	269,199,000	0.9%	16.5	9.3

In almost all countries in the Americas, people have some access to family planning services. Of the 43 countries listed in this section of *Family Planning in Five Continents*, 39 have voluntary family planning associations and 24 have government programmes. Ten other governments support the work of voluntary associations, although some of them have official policies to increase the birth rate.

North America was one of the areas to pioneer family planning and today services and facilities are widely available. However, Latin America has a relatively short family planning history, both public and private activities in most countries having been initiated in the late 1960s. Government interest in family planning in most Latin American countries first started as a support to the work done by private associations and has gradually led to a national programme. As in Africa, most programmes aim at improving mother and child health standards but widespread illegal abortion also causes great concern. In many parts of South and Central America family planning remains a highly sensitive issue both from political and religious points of view.

Significant changes in the official government attitude towards family planning have taken place during the last few years. In 1973, the Mexican government reversed its policy on family planning and launched a nation-wide programme. Family planning was stated as a basic human right in the Constitution. The Brazilian Government, announced at the Bucharest Conference in 1974 a new policy to provide family planning information and services to all its citizens. In contrast, demographic policies to increase population have led to restrictions in family planning activiti
while there is an official policy to increa
right of couples to decide on the numbe
family planning services or giving suppor

Despite the increasing involvement of g
tions continue to carry significant respon
programmes, usually in the field of infor
of activity for family planning associatio
clinics. Community leaders, developmen
part in the effort to make contraceptive
associations in Latin America and the Ca
distribution programmes or are carrying

The effects of the rapid growth of popul
people in almost every Latin American c
and employment opportunities. A high u
of shanty towns also makes the populati
declines have started to take place in so
relatively low death rates result in the hi
eight countries the rate is over 3 per cent

Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
2.7%	36.9	9.2	42.0%	61.4
0.9%	16.5	9.3	25.5%	71.4

planning services.
nents, 39 have
mes. Ten other
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countries first
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In many parts
ssue both from

nning have taken
its policy on
was stated as a
nced at the
information and
pulation have led

to restrictions in family planning activities in Argentina and Peru. In some other countries, while there is an official policy to increase the birth rate, governments recognize the human right of couples to decide on the number and spacing of their children and are still providing family planning services or giving support to activities of private associations.

Despite the increasing involvement of governments in family planning, voluntary associations continue to carry significant responsibilities with well-defined roles within the national programmes, usually in the field of information, education and training. An important area of activity for family planning associations is provision of contraceptive services outside the clinics. Community leaders, development workers, pharmacies and satisfied acceptors take part in the effort to make contraceptives more readily available to the people. Eighteen associations in Latin America and the Caribbean have either established community-based distribution programmes or are carrying out some type of CBD activities.

The effects of the rapid growth of population are seen in the very high proportion of young people in almost every Latin American country, which severely affects education facilities and employment opportunities. A high urbanization rate resulting in the rapid development of shanty towns also makes the population problem more visible. Although gradual fertility declines have started to take place in some countries, the still high births rates, and the relatively low death rates result in the highest rates of population growth in the world: in eight countries the rate is over 3 per cent and in other ten countries it is 2.5 per cent or more.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ ▲ ■ **ANTIGUA**

73,000	0.8%	21.5	6.2*

No official policy but government support to FPA, founded in 1970, CFPA member 1973. FPA runs 4 clinics and since 1973 a CBD programme for orals and condoms through 30 commercial outlets. 713 new acceptors at clinics and 1,567 new acceptors through CBD in 1974. Abortion legal on medical grounds. IPPF grant to FPA.

▲ ■ **ARGENTINA**

25,384,000	1.3%	21.8	8.8

Government announced policy in March 1974 to increase population to 50 million by 2000, banned all fp activities and compelled FPA (founded in 1966, IPPF member 1969) to suspend its programme. FPA had 15,744 new acceptors in 1973 at 56 clinics, most located at provincial government and university hospitals. Fp publicity illegal and restriction on import, manufacture and distribution of contraceptives. Abortion legal to save life of mother and in case of rape. IPPF grant to FPA. Assistance from Ford Foundation, Population Council, Rockefeller Foundation and Tinker Foundation.

▲ **BAHAMAS**

204,000	2.8%	23.8**	5.7**

An FPA was founded in 1965.

○ ▲ ■ **BARBADOS**

245,000	0.5%	21.6	8.9

Government has given responsibility to FPA, founded in 1965, IPPF member 1967, to run nationwide fp programme. 3,030 new acceptors at 13 FPA clinics in 1974 – 60% orals. FPA runs a CBD project for orals, condoms and spermicides and I&E, sex education and training programmes. Trained nurse/midwives insert IUDs. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, IDRC and OXFAM.

BELIZE (formerly British Honduras)

140,000	3.1%	38.8*	5.2*

No organized fp activities.

Population (1975 est.)	*Growth rate (1970–75)*

● ■ **BERMUDA**

56,000	1.5%

Government provides fp as part of health se
1957. Orals most popular. Sex education p
illegitimacy rate.

○ ▲ ■ **BOLIVIA**

5,410,000	2.5%

Government favours fp within MCH. FPA,
services in 2 clinics at government request.
Innovative FPA projects such as CBD throu
and sterilization illegal. IPPF grant to FPA.
Population Council, WAY, Mennonite Cent

● ▲ ■ **BRAZIL**

109,730,000	2.8%

Government announced policy to provide f
in 1965, IPPF member 1967, works closely
joint CBD project in Rio Grande do Norte s
153,348 new acceptors at 91 FPA clinics –
orals over the counter. Abortion legal only
grant to FPA. Assistance from UNFPA, IDR
Pathfinder Fund, Population Council, PRB,
and World Neighbors.

● ▲ ■ **CANADA**

22,801,000	1.3%

Fp services provided by most provincial gov
I&E and training since 1970. FPA founded i
member associations which provide services,
fund raising. 80% of acceptors through priva
Government gives international assistance a

...ths per 1000 (1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

● BERMUDA

■

56,000	1.5%	19.1*	7.3*

Government provides fp as part of health services since 1937 and is a member of IPPF since 1957. Orals most popular. Sex education programme to be set up in schools to reduce illegitimacy rate.

6.2*

...member 1973.
...through 30
...rough CBD in

○ BOLIVIA

▲

■

5,410,000	2.5%	43.7	18.0

Government favours fp within MCH. FPA, founded in 1974, IPPF member 1975, provides services in 2 clinics at government request. 797 new acceptors in 1974 – 56.7% IUDs. Innovative FPA projects such as CBD through bus drivers, mainly in rural areas. Abortion and sterilization illegal. IPPF grant to FPA. Assistance from USAID, Pathfinder Fund, Population Council, WAY, Mennonite Central Committee and World Neighbors.

8.8

...illion by 2000,
...1969) to
... most located
...triction on
...e life of mother
...pulation Council,

● BRAZIL

▲

■

109,730,000	2.8%	37.1	8.8

Government announced policy to provide fp information and services in 1974. FPA founded in 1965, IPPF member 1967, works closely with state and municipal governments and runs joint CBD project in Rio Grande do Norte since 1973 with 42,683 new acceptors in 1974. 153,348 new acceptors at 91 FPA clinics – majority orals. About 2.5 million women buy orals over the counter. Abortion legal only to save life of mother and in case of rape. IPPF grant to FPA. Assistance from UNFPA, IDRC, DANIDA, AVS, CWS, Ford Foundation, Pathfinder Fund, Population Council, PRB, Rockefeller Foundation, Tinker Foundation and World Neighbors.

5.7**

8.9

... 1967, to
...4 – 60%
...ex
...ortion
... and OXFAM.

● CANADA

▲

■

22,801,000	1.3%	18.6	7.7

Fp services provided by most provincial governments. Federal government programme in I&E and training since 1970. FPA founded in 1963, IPPF member the same year has 30 member associations which provide services, I&E and counselling. FPA also active in fund raising. 80% of acceptors through private doctors. Abortion legal on medical grounds. Government gives international assistance and grants to IPPF.

5.2*

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

● **CHILE**

▲ ■

10,253,000	1.8%	27.9	9.2

Government programme since 1967; fp services as part of MCH on a national scale. FPA, founded 1962, IPPF member 1963, works closely with government and provides services at 298 clinics with 181,120 new acceptors in 1974, and female sterilization at 4 hospitals. FPA also responsible for nationwide I&E through community leaders. Midwives allowed to provide orals, insert IUDs and treat minor side-effects. Abortion legal on medical grounds only but widespread. MOH runs sex education programmes in schools. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNICEF, USAID, AVS, Ford Foundation, Pathfinder Fund and Population Council.

● **COLOMBIA**

▲ ■

25,890,000	3.2%	40.6	8.8

Government programme since 1967, services through 928 hospitals and health posts with 85,675 new acceptors in 1974. I&E and training also emphasized. FPA founded in 1965, IPPF member 1968, runs 41 clinics with 78,538 new acceptors and 1,123 male and 3,049 female sterilizations in 1974. FPA also runs I&E, sex education and training programmes. CBD programme in rural and urban areas since 1971. 29,170 new acceptors in 1974. Trained nurse/midwives allowed to insert IUDs. Abortion illegal except to save life of mother but widespread. IPPF grant to FPA. Assistance from UNFPA, UNESCO, WHO/PAHO, UNICEF, USAID, AVS, CARE, FPIA, Ford Foundation, OXFAM, Pathfinder Fund, Population Council, PSI, Rockefeller Foundation, WAY, World Education and World Neighbors.

● **COSTA RICA**

▲ ■

1,994,000	2.8%	33.4	5.9

Government programme since 1968; 7 organizations engaged in fp. Services through 113 MOH centres and 18 social security clinics with 24,512 acceptors in 1974 – majority orals. FPA founded in 1966, IPPF member 1967, runs 2 clinics with 1,125 new acceptors in 1974. Responsible for I&E, contraceptives supplies to pharmacies and social security clinics and setting up a unified evaluation system for national programme. IPPF/Ford Foundation regional training centre for communicators in San Jose since 1972. Nurses allowed to insert IUDs under medical supervision. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNICEF, USAID, APHA, AVS, CWS, FPIA, Ford Foundation, Population Council, Tinker Foundation, WAY and World Education.

● **CUBA**

9,481,000	2.0%	29.1	6.6

Government provides comprehensive fp and abortion services through public health network free-of-charge. All methods available, including sterilization. 641 abortions per 1000 live births in 1974. UNFPA and SIDA provide assistance.

Population (1975 est.)	Growth rate (1970–75)

● **DOMINICA**

▲ ■

75,000	1.1%

Government programme since 1973. FPA responsible for promotion of fp in MCH. and UKODM.

● **DOMINICAN REPUBLIC**

▲ ■

5,118,000	3.3%

Government programme since 1968; targ Services through 152 clinics. 67,277 acti founded in 1966, IPPF member 1969, is national programme. FPA runs 2 clinics project. Abortion illegal but widespread. courses for students, parents and teacher UNICEF, USAID, AVS, CWS, FPIA, Pat

● **ECUADOR**

▲ ■

7,090,000	3.2%

Government programme since 1969, serv Government provides training for medic conducts limited I&E programme. FPA f support to national programme. 6,752 ne IUD. Female sterilization encouraged by 1976. Abortion legal on medical grounds from UNFPA, WHO, USAID, APHA, AV World Education and World Neighbors.

● **EL SALVADOR**

▲ ■

4,108,000	3.1%

Government programme since 1968, poli and 60 Social Security Institute centres. operates 2 clinics with 5,237 new accepto and some training. First sterilization servi 930 female sterilizations in 1974. Subsidi since 1974. Abortion legal to save life of Sterilization legal for women with 2 child child. Family life education provided by UNESCO, UNICEF, USAID, AVS, OXF

Deaths per 1000 (1970–75)
9.2

nal scale. FPA, rovides services at t 4 hospitals. FPA s allowed to provide grounds only but o FPA. Assistance thfinder Fund and

8.8

alth posts with unded in 1965, male and 3,049 ng programmes. rs in 1974. save life of mother VHO/PAHO, nder Fund, and World

5.9

es through 113 – majority orals. acceptors in 1974. urity clinics and Foundation allowed to insert grant to FPA. WS, FPIA, Ford ucation.

6.6

blic health network s per 1000 live

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

● **DOMINICA**

▲ ■

75,000	1.1%	35.5*	7.5*

Government programme since 1973. FPA, founded in 1973, CFPA member 1974, is responsible for promotion of fp in MCH. IPPF grant to FPA. Assistance from UNFPA, WHO and UKODM.

● **DOMINICAN REPUBLIC**

▲ ■

5,118,000	3.3%	45.8	11.8

Government programme since 1968; target to reach 11.5% of women in fertile ages by 1977. Services through 152 clinics. 67,277 active users (6.3% of fertile women) by July 1975. FPA, founded in 1966, IPPF member 1969, is responsible for I&E and some training within the national programme. FPA runs 2 clinics with 19,802 new acceptors in 1974 and a CBD project. Abortion illegal but widespread. The National Institute of Sex Education provides courses for students, parents and teachers. IPPF grant to FPA. Assistance from UNFPA, UNICEF, USAID, AVS, CWS, FPIA, Pathfinder Fund and Population Council.

● **ECUADOR**

▲ ■

7,090,000	3.2%	41.8	9.5

Government programme since 1969, services at 140 clinics in health centres and hospitals. Government provides training for medical, para-medical and other related personnel and conducts limited I&E programme. FPA founded in 1966, IPPF member 1967, provides I&E support to national programme. 6,752 new acceptors at 7 FPA clinics in 1974 – two-thirds IUD. Female sterilization encouraged by FPA: 188 cases in 1974. CBD project to start in 1976. Abortion legal on medical grounds only but widespread. IPPF grant to FPA. Assistance from UNFPA, WHO, USAID, APHA, AVS, FPIA, Pathfinder Fund, Population Council, WAY, World Education and World Neighbors.

● **EL SALVADOR**

▲ ■

4,108,000	3.1%	42.2	11.1

Government programme since 1968, policy announced in 1975. Services through 100 MOH and 60 Social Security Institute centres. FPA founded in 1966, IPPF member in 1969, operates 2 clinics with 5,237 new acceptors in 1974 and provides I&E, including sex education, and some training. First sterilization services by FPA at various locations – 336 male and 930 female sterilizations in 1974. Subsidized sale of contraceptives through 62 pharmacies since 1974. Abortion legal to save life of mother and for eugenic and juridicial reasons. Sterilization legal for women with 2 children and/or women aged 30 or more with only 1 child. Family life education provided by MOE. IPPF grant to FPA. Assistance from UNFPA, UNESCO, UNICEF, USAID, AVS, OXFAM, Pathfinder Fund, Population Council and WAY.

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

○ GRENADA

96,000	0.4%	30.6*	6.9*

Government policy announced in 1974 but no fp services as yet. FPA founded in 1964, CFPA member 1973, provides clinical, I&E and training services. 3,832 new acceptors at 14 FPA clinics in 1974. Newly initiated female sterilization programme. CBD project carried out by 12 fieldworkers with 22,064 visits in 1974. Abortion illegal. IPPF grant to FPA. Assistance from OXFAM.

○ GUADELOUPE

354,000	1.6%	29.3	6.4

French government supports FPA, founded in 1964, CFPA member 1973. Provides services at 2 centres and I&E and counselling through 22. Orals most popular. Liberalization of French Abortion Law applies to Guadeloupe.

● GUATEMALA

6,129,000	2.9%	42.8	13.7

Government programme since 1969; services through MCH at 300 clinics. Government concentrates its activities in rural areas and FPA, founded in 1962, IPPF member 1969, responsible for clinical services in the capital. 9,000 new acceptors at 9 FPA clinics in 1974. CBD project for orals. Abortion legal to protect health of mother or in case of rape. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNICEF, USAID, AVS, OXFAM, Pathfinder Fund, Population Council and World Neighbors.

▲ GUYANA

791,000	2.2%	32.4	5.9

No official policy or programme but FPA, established in 1974, allowed to conduct I&E and training activities. FPA plans to work with MOH to provide services within MCH. IPPF grant to FPA. Assistance from WHO/PAHO and WAY.

● HAITI

4,552,000	1.5%	35.8	16.3

Government developing fp within MCH. First phase of programme completed in 1972/74; now being expanded from 2 clinics in urban areas to 20 clinics in 1975 and to 42 in 1977, mainly in rural areas. Abortion illegal. Assistance from UNFPA, WHO/PAHO, USAID, IDRC, FPIA, Ford Foundation, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation and UUSC.

Population (1975 est.)	Growth rate (1970–75)

● HONDURAS

3,037,000	3.5%

Government programme since 1966. 40 cli
100,000 acceptors annually. FPA founded
8,479 new acceptors in 1974 – 6,664 orals
acceptors in 1974. FPA also active in I&E.
IPPF grant to FPA. Assistance from UNFP
Population Council, WAY and World Educ

● JAMAICA

2,029,000	1.5%

Government programme since 1966, target
at over 150 clinics. FPA founded in 1957,
1,821 new acceptors in 1974 – majority o
acceptors in 7 months. Emphasis on I&E, y
vasectomy services. Westinghouse Populatio
condoms. Abortion legal on medical groun
IPPF grant to FPA. Assistance from UNFP
Foundation, IASSW, Pathfinder Fund and

▲ MARTINIQUE

363,000	1.4%

No official policy or programme. FPA foun

● MEXICO

59,204,000	3.3%

Government policy in 1973 to reach 20% o
Fp recognized as basic right in Constitution
in 1974. FPA founded in 1965, IPPF memb
acceptors in 1974 – majority orals. FPA als
legal on medical grounds and in case of rape
Assistance from UNFPA, WHO/PAHO, IDR
Pathfinder Fund, Population Council, Rock
WAY.

○ SOME GOVERNMENT INVOLVEMENT ● GOVERNMENT PROGRAMME ▲ FAMILY PLANNING ASSOCIATION ■ IPPF MEMBER

s per 1000 70–75)	*Population (1975 est.)*	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ ■ **HONDURAS**

6.9*	3,037,000	3.5%	49.3	14.6

in 1964, ceptors at 14 ect carried to FPA.

Government programme since 1966. 40 clinics and mobile rural teams serve approximately 100,000 acceptors annually. FPA founded 1961, IPPF member 1965, runs 2 clinics with 8,479 new acceptors in 1974 – 6,664 orals. CBD project for orals since 1972 – 2,296 new acceptors in 1974. FPA also active in I&E. Abortion legal only for therapeutic reasons. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, USAID, Pathfinder Fund, Population Council, WAY and World Education.

● ▲ ■ **JAMAICA**

6.4	2,029,000	1.5%	33.2	7.1

ides services at on of French

Government programme since 1966, target to reduce birth rate to 25/1000 by 1977. Services at over 150 clinics. FPA founded in 1957, IPPF member the same year, runs 2 clinics with 1,821 new acceptors in 1974 – majority orals. CBD programme since 1974 with 3,369 acceptors in 7 months. Emphasis on I&E, youth programmes and male motivation and vasectomy services. Westinghouse Population Center runs CBD programme for pills and condoms. Abortion legal on medical grounds. Sex education curricula under preparation. IPPF grant to FPA. Assistance from UNFPA, IBRD, UKODM, IDRC, USAID, AVS, Ford Foundation, IASSW, Pathfinder Fund and WAY. Government grant to IPPF.

▲ ■ **MARTINIQUE**

13.7	363,000	1.4%	29.7	6.7

rnment er 1969, nics in 1974. rape. IPPF OXFAM,

No official policy or programme. FPA founded in 1967, CFPA member 1973.

● ▲ ■ **MEXICO**

5.9	59,204,000	3.3%	42.0	8.6

uct I&E and H. IPPF grant

Government policy in 1973 to reach 20% of women in fertile ages (2.4 million) by 1976. Fp recognized as basic right in Constitution. Services at 719 clinics with 887,350 acceptors in 1974. FPA founded in 1965, IPPF member 1967, runs 101 clinics with 63,738 new acceptors in 1974 – majority orals. FPA also runs I&E and training programmes. Abortion legal on medical grounds and in case of rape only but widespread. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, IDRC, USAID, AVS, Ford Foundation, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation, Tinker Foundation and WAY.

16.3

n 1972/74; 2 in 1977, USAID, , Rockefeller

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ MONTSERRAT

13,000	0.7%	25.6*	11.6*

No official policy but support to fp activities. FPA founded in 1966, CFPA member 1973, set up a clinic in 1974 with 198 new acceptors. FPA concentrates on I&E and sex education in schools and carries out male motivation programme. Abortion legal on medical grounds. IPPF grant to FPA.

NETHERLAND ANTILLES

242,000	1.7%	19.7**	4.7**

▲■ ARUBA – No official policy or programme. FPA founded in 1970. CFPA member 1973, runs 16 clinics with 866 new acceptors and 154 sterilizations in 1974. A FPA information centre provides counselling and sex education services to schools. IPPF grant to FPA. Assistance from Dutch Government until 1975.

○▲■ CURACAO – Government support to FPA, founded 1965, CFPA member 1973. 728 new acceptors and 3,539 users at 1 full-time and 4 part-time FPA clinics in 1974. Provides fp counselling to trade unions. Joint FPA/MOE sex education programme. Abortion illegal but widespread. IPPF grant to FPA. Assistance from Dutch Government until 1975.

▲■ ST. MAARTEN – Small fp programme by FPA which became CFPA member in 1974. About 500 acceptors at 4 clinics run by FPA in 1974 – 3 at government premises.

● NICARAGUA

2,318,000	3.3%	48.3	13.9

Government programme since 1967 through 58 centres. FPA founded in 1970, IPPF member 1975, has been given responsibility for I&E, training of medical and para-medical personnel and setting up a model clinic in Managua area. 3,340 new acceptors at 6 FPA clinics in 1974. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, USAID, Pathfinder Fund and WAY.

● PANAMA

1,678,000	2.8%	36.2	7.1

Government programme since 1969, plans to integrate fp with MCH. Services at 72 centres. FPA, founded in 1965, IPPF member 1969, signed an agreement with MOH to provide I&E and to train medical and para-medical personnel. 666 new acceptors at 2 FPA clinics in 1974. CBD programme since 1973. FPA developing sex education programme for schools with MOE. Abortion illegal. IPPF grant to FPA. Assistance from UNFPA, UNESCO, WHO/PAHO and USAID.

Population (1975 est.)	*Growth rat (1970–75)*

○ PARAGUAY

2,647,000	2.8%

Government provides fp services althoug of FPA, founded in 1966, IPPF member acceptors at 23 FPA clinics in 1974. Abo family education set up in 1974 with go FPA. Assistance from UNFPA, USAID, World Neighbors.

▲■ PERU'

15,326,000	2.9%

Government set up a MCH institute (INP signed between INPROMI and FPA for p 1969, IPPF member 1970, was responsib However, all FPA activities have been dis FPA had 11 clinics in operation at hospit run by Catholic Church groups, 21 locat grant to FPA. Assistance from UNFPA, U Council and Rockefeller Foundation.

● PUERTO RICO

2,902,000	1.1%

Government programme since 1967. FPA Government and private activities integra FPA ceased clinical activities and emphas in 1974. 60% of couples in fertile ages pr Department of HEW.

● ST KITTS-NEVIS-ANGUILLA

66,000	1.1%

Government programme since 1971. FPA government programme with I&E activiti clinic with 113 new acceptors in 1974. A UNFPA and WHO.

ths per 1000 (1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

○ **PARAGUAY**

▲ ■

2,647,000	2.8%	39.8	8.9

Government provides fp services although official policy favours higher fertility. Major role of FPA, founded in 1966, IPPF member 1969, is I&E. 7,789 new and 14,914 continuing acceptors at 23 FPA clinics in 1974. Abortion legal on medical grounds. Counsel for sex and family education set up in 1974 with government and private participation. IPPF grant to FPA. Assistance from UNFPA, USAID, Mennonite Central Committee, Pathfinder Fund and World Neighbors.

11.6*

nember 1973, d sex education dical grounds.

▲ **PERU**

■

15,326,000	2.9%	41.0	11.9

Government set up a MCH institute (INPROMI) at MOH in 1972 and an agreement was signed between INPROMI and FPA for provision of fp services in 1974. FPA, founded in 1969, IPPF member 1970, was responsible for I&E and medical and para-medical training. However, all FPA activities have been discontinued since January 1975. By the end of 1973, FPA had 11 clinics in operation at hospitals in the north middle region. About 45 clinics are run by Catholic Church groups, 21 located at MOH health centres. Abortion illegal. IPPF grant to FPA. Assistance from UNFPA, USAID, AVS, FPIA, Ford Foundation, Population Council and Rockefeller Foundation.

4.7**

ember 1973, runs rmation centre . Assistance

973..728 new Provides fp tion illegal but 75.

in 1974. About

● **PUERTO RICO**

▲ ■

2,902,000	1.1%	22.6	6.8

Government programme since 1967. FPA founded in 1954, IPPF member the same year. Government and private activities integrated and a new fp unit set up in 1974. Since then FPA ceased clinical activities and emphasized I&E. 265 new acceptors at 2 FPA clinics in 1974. 60% of couples in fertile ages practise contraception. Assistance from US Department of HEW.

13.9

0, IPPF para-medical at 6 FPA ance from

● **ST KITTS-NEVIS-ANGUILLA**

▲ ■

66,000	1.1%	22.6*	6.8*

Government programme since 1971. FPA, founded 1966, CFPA member 1973, supports government programme with I&E activities and contraceptive supplies. FPA runs a model clinic with 113 new acceptors in 1974. Abortion illegal. IPPF grant to FPA. Assistance from UNFPA and WHO.

7.1

at 72 centres. o provide I&E clinics in 1974. chools with O, WHO/PAHO

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ ST LUCIA

▲ ■

108,000	1.4%	37.4*	8.4*

Government announced Family Life Education programme in 1975. FPA founded 1967, CFPA member 1974, runs 21 clinics with 741 new acceptors in 1974; 53% orals. FPA operates I&E and sex education programmes. IPPF grant to FPA. Assistance from IDRC.

● ST VINCENT

▲ ■

93,000	1.2%	40.7*	9.8*

Government programme since 1967. FPA founded 1965, CFPA member 1974, runs 1 clinic and supplies 24 government health centres; 667 new acceptors in 1974. CBD project started in 1974 with 409 acceptors. FPA also operates I&E, sex education and fieldwork programmes. IPPF grant to FPA. Assistance from IDRC and OXFAM.

▲ SURINAM

■

422,000	2.6%	41.6	7.5

No official policy, programme or support to fp. FPA founded 1969, CFPA member 1973, runs 3 clinics with 1,267 new acceptors in 1974; majority orals. Wide range of I&E activities. IPPF grant to FPA.

● TRINIDAD & TOBAGO

▲ ■

1,009,000	1.1%	25.3	5.9

Government programme since 1967 through 50 clinics. FPA founded 1961, IPPF member the same year, runs 7 clinics with 5,332 new acceptors in 1974; 64% orals. Sterilization services since 1974. Midwives allowed to insert IUDs. Abortion legal on medical grounds. Sex education programme by MOE. IPPF grant to FPA. Assistance from IBRD, WHO/PAHO, UNICEF, DANIDA, AVS, OXFAM, Population Council and WAY.

● UNITED STATES OF AMERICA

▲ ■

213,925,000	0.9%	16.2	9.4

Government services through 4,500 HEW clinics with 1.4 million new acceptors in 1974. FPA, founded in 1917, IPPF member 1952, had 729 clinics with 460,000 new acceptors and 20,000 male and 15,400 female sterilizations in 1974. Hospitals and other agencies also provide services – total 3.8 million acceptors in 1974; majority orals. Abortion declared legal in all states by the Supreme Court in 1973; 900,000 abortions in 1974. Extensive sex education; SIECUS main agency. IPPF Western Hemisphere Regional Office in New York. USA is a major donor to country programmes and international organizations, including IPPF, through USAID and many private foundations e.g. Ford and Rockefeller Foundations, Pathfinder Fund and Population Council.

Population (1975 est.)	*Growth rate (1970–75)*

○ URUGUAY

▲ ■

3,108,000	1.0%

Government supports fp as couples' right but
for contraceptives introduced in 1975. FPA f
runs 26 clinics in MOH centres with 5,136 ne
operates sex education programme. Abortion
IPPF grant to FPA. Assistance from WHO/PA

● VENEZUELA

▲ ■

12,213,000	2.9%

Government assumed full responsibility for f
over FPA clinics. FPA, founded in 1966, IPP
centres in 1974 with 67,965 new acceptors.
Concepción Palacios provides fp services sin
legal on medical grounds. IPPF assistance to
Pathfinder Fund, Population Council and R

○ SOME GOVERNMENT INVOLVEMENT ● GOVERNMENT PROGRAMME ▲ FAMILY PLANNING ASSOCIATION ■ IPPF MEMBER

eaths per 1000 (1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
	○ URUGUAY			
8.4*	3,108,000	1.0%	20.4	9.3

ounded 1967, orals. FPA e from IDRC.

Government supports fp as couples' right but is in favour of higher birth rate. Higher taxes for contraceptives introduced in 1975. FPA founded in 1961, IPPF member the same year, runs 26 clinics in MOH centres with 5,136 new acceptors in 1974 – majority IUDs. Also operates sex education programme. Abortion legal for medical reasons only but widespread. IPPF grant to FPA. Assistance from WHO/PAHO.

9.8*	**● VENEZUELA**			
	12,213,000	2.9%	36.1	7.0

974, runs 1 clinic D project started dwork programmes.

Government assumed full responsibility for fp services through MCH in 1974 and is taking over FPA clinics. FPA, founded in 1966, IPPF member 1971, ran 118 clinics in MOH centres in 1974 with 67,965 new acceptors. Now concentrating on I&E. Maternidad Concepción Palacios provides fp services since 1960. 5,724 new acceptors in 1974. Abortion legal on medical grounds. IPPF assistance to FPA. Assistance from AVS, Ford Foundation, Pathfinder Fund, Population Council and Rockefeller Foundation.

7.5

member 1973, of I&E activities.

5.9

, IPPF member Sterilization dical grounds. RD, WHO/PAHO,

9.4

ptors in 1974. FPA, cceptors and agencies also rtion declared 4. Extensive sex e in New York. ons, including eller Foundations,

Asia

Region	Population in 1975	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1 (1970-75)
East Asia	1,005,665,000	1,369,069,000	1.7%	26.2	9.8
South Asia	1,249,793,000	2,267,266,000	2.5%	41.9	16.7
USSR	255,038,000	315,027,000	1.0%	17.8	7.9

Unlike Africa and Latin America most countries in Asia have launched national family planning programmes in a deliberate effort to slow down the rate of growth of their population. The pressure of population was recognized in India as early as 1951 and many other governments initiated nation-wide programmes in 1960s. Pioneering work in almost all countries which have national programmes today was done by voluntary family planning associations. The most important goal they achieved was to demonstrate to their governments the need for family planning services. For many, this meant working under extremely unfavourable government policies and under restrictive legislation which often made their activities illegal. The change in government attitudes towards family planning that have taken place in a very short time is a remarkable success for the associations.

In several Asian countries such as Korea, Sri Lanka, Hong Kong, Singapore and Taiwan, birth rates have already showed significant declines but there are also indications that even the most successful programmes have now reached a plateau. New approaches are needed to reach the hard-core groups and to eliminate the potential effects on the fertility levels of the increasing number of women in child-bearing ages as a result of the post-war boom. These new approaches broaden the scope of both public and private family planning programmes. While in some countries like India and Sri Lanka more emphasis is placed on an integrated approach which aims at combining all development efforts, a number of other countries try widening contraceptive delivery channels by permitting para-medical and non-medical people to play a more active role in the distribution of pills and other contraceptives and insertion of IUDs. In an innovative project in Bangladesh rural midwives are trained in sterilization techniques. Community-based distribution of contraceptives is another approach being tried in an increasing number of countries – mostly by IPPF member associations.

There is a growing recognition too, of t
population and family planning progra
involved in the study of their laws with
to remove legal impediments to program
planning by introducing legislation whic
reduction and maternity allowances to c
priority for government housing to large

Government interest in family planning
east. With the exception of Iran and Tur
only seven out of 15 middle-eastern cou
tion. However, in a few countries such a
started to show an interest in the MCH a
in 1975 took place in Saudi Arabia with
six-month imprisonment for their smugg

Because of the widely differing fertility,
Asia and South Asia, two separate sets o
East Asia which includes China, Japan, R
closer to the statistics of more developed
rate in the world but the relatively high
almost the same level as in Latin Americ
in absolute numbers comes from Asia.

Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1970-75)	Life Expectancy (1970-75)
1.7%	26.2	9.8	32.7%	62.5
2.5%	41.9	16.7	43.1%	48.5
1.0%	17.8	7.9	25.7%	70.4

ational family
of their popu-
and many other
in almost all
mily planning
their govern-
under extremely
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nes are needed
fertility levels of
ost-war boom.
planning pro-
s placed on an
mber of other
nedical and non-
er contraceptives
s are trained in
s another ap-
F member

There is a growing recognition too, of the restrictive effects of existing laws relating to population and family planning programmes. Many Asian countries are now actively involved in the study of their laws with a view to make the legal reforms that are necessary to remove legal impediments to programmes. Singapore has already moved beyond family planning by introducing legislation which restricts some social welfare benefits such as tax reduction and maternity allowances to couples with small numbers of children and gives low priority for government housing to large families.

Government interest in family planning is a relatively recent phenomenon in the middle-east. With the exception of Iran and Turkey, there are no governmental programmes and in only seven out of 15 middle-eastern countries there is a voluntary family planning association. However, in a few countries such as Syria, Iraq and the Yemens governments have started to show an interest in the MCH aspects of family planning. The most dramatic event in 1975 took place in Saudi Arabia with the government ban on all contraceptives with a six-month imprisonment for their smuggling.

Because of the widely differing fertility, mortality and health standard levels between East Asia and South Asia, two separate sets of statistics are given in the table above. Figures for East Asia which includes China, Japan, Republic of Korea and Hong Kong are now becoming closer to the statistics of more developed regions. South Asia has the second highest birth rate in the world but the relatively high death rates make the population growth rate at almost the same level as in Latin America. However, the largest addition to world population in absolute numbers comes from Asia.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ **AFGHANISTAN**

▲ ■

19,280,000	2.5%	49.2	23.8

No official policy but MOH promotes integration of fp into MCH. FPA founded in 1968, IPPF member 1971, ran 17 full-time and 6 satellite clinics with 10,997 new acceptors in 1974. Orals most popular. FPA programme will be expanded for nationwide coverage under an agreement with USAID signed in 1975. IPPF grant to FPA. Assistance from UNFPA, UNICEF and USAID.

BAHRAIN

215,000	3.1%	–	–

No official policy and no organized fp activities. Some interest in government circles to incorporate fp into health services. Contraceptives available commercially.

● **BANGLADESH**

▲ ■

73,746,000	1.7%	49.5	28.1

Government programme re-organized in 1973, aims to develop integrated health service including fp. Target to reduce growth rate by at least 0.2% by 1978. Services at over 890 government and 32 FPA clinics to 165,458 new acceptors in 1974; orals and condoms most popular. FPA founded in 1953, IPPF member 1975, was re-organized after independence, now concentrates on I&E and rural integrated projects. CBD project for condoms and orals. IPPF grant to FPA. Assistance from UNFPA, IBRD, WHO, UNICEF, USAID, NORAD, SIDA, UKODM, FPIA, Population Council, IASSW, WAY and World Education.

BHUTAN

1,173,000	2.3%	43.6	20.6

No organized fp activities.

BRUNEI

147,000	1.9	–	–

No official policy and no organized fp activities. Advice available privately.

BURMA

31,240,000	2.4%	39.5	15.8

Government attitude towards fp has been negative. Some interest in fp as a MCH measure in official and medical circles. FPA founded in 1960, has virtually ceased activities since 1963. Sterilization is available for medical indications only and although illegal, there is widespread abortion.

Population (1975 est.)	*Growth rate (1970–75)*

CAMBODIA (Khmer Republic)

8,110,000	2.8%

No information available on the present fp si programme with MCH services in 1972. FPA in 1973. 1920 French anti-contraceptive law life of mother. IPPF gave grant to FPA and U

● **CHINA, PEOPLE'S REPUBLIC OF**

838,803,000	1.7%

Government programme since 1957, target to through local units, rural health stations and late marriage. Contraceptives, sterilization an since 1967 and 'paper pill' more recently. Ma areas. Abortion legalized in 1957.

○ **CYPRUS**

▲ ■

673,000	1.2%

No official policy but government is favourab in 1973. FPA runs 2 clinics but its main activ legal since 1974 on medical and socio-econom UNFPA.

● **HONG KONG**

▲ ■

4,225,000	1.4%

Government programme announced in 1973 t in government health centres and hospitals be in 1936, IPPF member 1952 continues to run not covered by the government. 29,802 new a CBD project started in 1974 and FPA also inv programme. IPPF grant to FPA. Assistance fr IASSW.

○ SOME GOVERNMENT INVOLVEMENT ● GOVERNMENT PROGRAMME ▲ FAMILY PLANNING ASSOCIATION ■ IPPF MEMBER

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

CAMBODIA (Khmer Republic)

8,110,000	2.8%	46.7	19.0

No information available on the present fp situation. Government had integrated a small fp programme with MCH services in 1972. FPA was founded in 1971, and became IPPF member in 1973. 1920 French anti-contraceptive law still existed and abortion was legal only to save life of mother. IPPF gave grant to FPA and UNFPA, IGCC and Thailand provided assistance.

● **CHINA, PEOPLE'S REPUBLIC OF**

838,803,000	1.7%	26.9	10.3

Government programme since 1957, target to reduce growth rate to 1% by 2000. Fp services through local units, rural health stations and bare-foot doctors. All methods of fp, including late marriage. Contraceptives, sterilization and abortion free-of-charge. Orals widely available since 1967 and 'paper pill' more recently. Massive fp education campaign, particularly in rural areas. Abortion legalized in 1957.

○ **CYPRUS**
▲
■

673,000	1.2%	22.2	6.8

No official policy but government is favourable towards FPA, founded in 1971, IPPF member in 1973. FPA runs 2 clinics but its main activities are in I&E and sex education. Abortion legal since 1974 on medical and socio-economic grounds. IPPF grant to FPA. Assistance from UNFPA.

● **HONG KONG**
▲
■

4,225,000	1.4%	19.4	5.5

Government programme announced in 1973 to integrate fp into MCH services. 32 FPA clinics in government health centres and hospitals being taken over by the government. FPA, founded in 1936, IPPF member 1952 continues to run its own clinics and open new clinics in areas not covered by the government. 29,802 new acceptors in FPA clinics in 1974 – 90% orals. CBD project started in 1974 and FPA also involved in family life/population education programme. IPPF grant to FPA. Assistance from USAID, JOICFP, Asia Foundation and IASSW.

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

● INDIA

613,217,000	2.4%	39.9	15.7

Government programme since 1951; target, revised in 1974, to reduce birth rate to 30/1000 by 1979. Services at 50,000 government and 400 private organization clinics with 3.6 million new acceptors in 1974. All methods available although orals on medical advice only; emphasis on sterilization. CBD project for condoms and an extensive training programme. FPA founded in 1949, IPPF member 1952, provides services through 72 fixed and mobile clinics with 88,619 new acceptors in 1974. Sterilizations most popular. FPA also involved in integrated projects. Abortion laws liberalized in 1971, effective 1972. Trends towards higher marriage age may be reinforced by law. Sex education generally available in schools, adult education centres and through less formal channels. IPPF grant to FPA. Assistance from UNFPA, UNICEF, IDRC, WHO, IBRD, DANIDA, SIDA, NORAD, UKODM, USAID, WAY, Lutheran World Relief, OXFAM, FPIA, CWS, World Neighbors, Population Council, Ford Foundation and Pathfinder Fund.

● INDONESIA

136,044,000	2.6%	42.9	16.9

Government programme since 1968; target 6 million acceptors by 1976. Services at over 2000 clinics in Java and Bali with over 1.5 million new acceptors in 1974; 68% orals. FPA founded in 1957, IPPF member 1967, was responsible for training of non-medical personnel for the national programme until 1975. Community education programme and clinic services in the Outer Islands now main FPA activities. 22,738 new acceptors at 126 FPA clinics in 1974. Abortion legal only to save the life of the mother. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO, IBRD, UNESCO, JOICFP, Netherlands, NORAD, USAID, CWS, FPIA, Asia Foundation, Ford Foundation, IASSW, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation, WAY, World Education and World Neighbors. Government grant to IPPF.

● IRAN

32,923,000	3.0%	45.3	15.6

Government programme since 1967; target to reduce growth rate by 0.5% in 7 years. Services at over 150 clinics and 300 mobile units. FPA founded in 1958, IPPF member 1971. 36,827 new acceptors at 30 urban and 61 rural FPA clinics in 1974 – orals most popular. Emphasis on greater involvement of youth, and fp services in community development context. Abortion legal on social and medical grounds since 1973. Sex education being introduced into school curricula. IPPF grant to FPA. Assistance from UNFPA, UNESCO, ILO, UNICEF, WHO, IBRD and Population Council.

Population (1975 est.)	Growth rat (1970–75)

○ IRAQ

11,067,000	3.4%

Government adopted a pro-natalist polic formed in 1971, IPPF member the same programme and provides services throug MCH centres with 7,798 new acceptors programme. Abortion illegal except on s health service. IPPF grant to FPA. Assis

○ ISRAEL

3,417,000	2.9%

Government has a pro-natalist attitude b develop fp services within MCH. Fp avai founded in 1966, undertakes informatio but widespread. Family life education h

● JAPAN

111,120,000	1.3%

Government programme since 1952. An April 1974 to study population and rela public health centres. Most IUDs and or Orals are sold at chemists as menstrual c 30–40% rhythm method and 5–10% je member the same year, concentrates ma training. Abortion is legal, easily availab assistance and grants to IPPF.

○ JORDAN

2,688,000	3.3%

No official policy but government supp FPA runs 28 clinics and directs its I&E teachers, women's unions. Abortion ille IPPF grant to FPA. Assistance from UN

KOREA, DEMOCRATIC PEOPLE'S RE

15,852,000	2.6%

No information of fp activities.

aths per 1000 (1970–75)
15.7

rate to 30/1000
with 3.6
cal advice only;
programme.
d and mobile
also involved in
towards higher
chools, adult
tance from
USAID, WAY,
Council, Ford

16.9

rices at over
% orals. FPA
edical personnel
nd clinic services
PA clinics in
Assistance from
USAID, CWS,
d, Population
ors. Government

15.6

7 years. Services
r 1971. 36,827
pular. Emphasis
context.
g introduced
, ILO, UNICEF,

	Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*
○▲■ **IRAQ**	11,067,000	3.4%	48.1	14.6

Government adopted a pro-natalist policy recently but continues to give support to FPA, formed in 1971, IPPF member the same year. FPA has developed a maternity centred fp programme and provides services through 6 clinics based at major maternity hospitals and MCH centres with 7,798 new acceptors in 1974 – over half orals. It also has an I&E programme. Abortion illegal except on strict medical grounds and if performed within the health service. IPPF grant to FPA. Assistance from UNFPA mainly for demographic projects.

○▲ **ISRAEL**	3,417,000	2.9%	26.4	6.7

Government has a pro-natalist attitude but recently health services have been authorized to develop fp services within MCH. Fp available at most out-patient maternity clinics. FPA founded in 1966, undertakes information activities. Abortion legal on medical grounds only but widespread. Family life education has officially been accepted by MOE.

●▲■ **JAPAN**	111,120,000	1.3%	19.2	6.6

Government programme since 1952. An All-party Parliamentary Population Group set up in April 1974 to study population and related issues. Fp services at about 600 MCH and 830 public health centres. Most IUDs and orals illegal although some IUDs legalized in July 1974. Orals are sold at chemists as menstrual cycle regulators. 50–60% of acceptors use condoms, 30–40% rhythm method and 5–10% jelly and foam tablets. FPA founded in 1954, IPPF member the same year, concentrates mainly on motivational work, sex education and training. Abortion is legal, easily available and inexpensive. Government gives international assistance and grants to IPPF.

○▲■ **JORDAN**	2,688,000	3.3%	47.6	14.7

No official policy but government supports FPA, founded in 1963, IPPF member 1964. FPA runs 28 clinics and directs its I&E efforts to special target groups e.g. youth clubs, teachers, women's unions. Abortion illegal, but in practice accepted on medical grounds. IPPF grant to FPA. Assistance from UNFPA and FPIA.

KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	15,852,000	2.6%	35.7	9.4

No information of fp activities.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ ■ **KOREA, REPUBLIC OF**

33,949,000	2.0%	28.7	8.8

Government programme since 1962; target to reduce growth rate to 1.5% by 1976 and 1.3% by 1981. Fp services through health centres and private doctors. 600,000 new acceptors in 1974 – 55% IUDs, 20% orals, 15% condoms and 7% sterilization. Korean Institute of Family Planning provides training for the national programme. FPA founded in 1961, IPPF member the same year, has responsibility for I&E component in the national programme and operates a nationwide network of Mothers' Clubs through which orals and condoms are distributed. Over 24,000 new acceptors at 14 FPA demonstration clinics in low-income urban areas in 1974. Abortion legal on medical grounds since 1973. IPPF grant to FPA. Assistance from UNFPA, WHO, UNESCO,UNICEF, IDRC, SIDA, USAID, Asia Foundation, AVS, FPIA, IASSW, JOICFP, OXFAM, Population Council and Rockefeller Foundation. Government grant to IPPF.

KUWAIT

1,085,000	7.1%	47.1	5.3

No official policy and no organized fp activities, but individual doctors give advice and supplies are available commercially. Population growth through immigration is high.

LAOS

3,303,000	2.2%	44.6	22.8

No information available on current fp situation. In 1972 government announced a policy to reduce population growth and established a Commission for Promotion of Family Well-Being. MOH was in the process of integrating fp in MCH. FPA founded in 1969, became IPPF member in 1973 and provided services and I&E. Red Cross also played an active role. 11,000 new acceptors in 1974; 78% orals. 1920 French anti-contraceptive law was in force and abortion, although illegal, was widespread. IPPF gave grants to FPA. Assistance was given by UNFPA, WHO, USAID, and Asia Foundation.

○ ▲ ■ **LEBANON**

2,869,000	3.0%	39.8	9.9

No official policy or programme, but FPA, founded in 1969, IPPF member 1970, allowed to run 18 clinics in government health centres and in Social Affairs Institutes. 3,458 new acceptors in 1974; orals and IUDs equally popular. Other government departments e.g. Army are seeking FPA assistance in including fp in their clinics. The Penal Code still prohibits contraception and abortion. IPPF grant to FPA. Assistance from UNFPA, Ford Foundation, Pathfinder Fund and Population Council. IPPF Middle East and North Africa Regional Office in Beirut.

Population (1975 est.)	*Growth rate (1970–75)*

MALAYSIA

12,093,000	2.9%

● **West Malaysia** – Government programme sin
▲ 1985. Services through 78 government clinic
■ Land Development Authority Schemes and p
member 1961, runs 145 fixed and 115 estate
1974 out of a total of 61,680 – over 90% or
education being introduced in school curricul
UNICEF, WHO, UNESCO, IBRD, IDRC, SID
Council, WAY and World Education. IPPF E
Office in Kuala Lumpur.

○ **Sabah** – No official policy or programme but
▲ FPA runs 40 sub-centres, with 5,656 new acc
grant to FPA.

○ **Sarawak** – Government programme to start i
▲ closely with MCH services in rural areas. 9,99
FPA clinics in 1974 – nearly 95% orals. FPA
medical personnel. It will continue to run 9 u
taken over by government. Primary role of F
to FPA.

MONGOLIA

1,446,000	2.9%

No information on fp activities.

● ▲ ■ **NEPAL**

12,572,000	2.3%

Government programme since 1966; target to
MCH services at 181 government centres. FP
national programme and participates in joint
and mobile camps in 1974. I&E activities are
is lobbying for liberalization of abortion law.
UNICEF, USAID, UKODM, FPIA and WAY.

OMAN

657,000	3.1%

No organized fp activities; some services avail

hs per 1000 970–75)
8.8

976 and 1.3% acceptors in tute of n 1961, IPPF rogramme and doms are v-income to FPA. Foundation, oundation.

5.3

vice and high.

22.8

ed a policy Family Well- 9, became active role. was in force tance was

9.9

70, allowed to 58 new ents e g. Army prohibits contra- dation, Regional

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

MALAYSIA

12,093,000	2.9%	38.7	9.9

● ▲ ■ **West Malaysia** – Government programme since 1966; target to reduce growth rate to 2% by 1985. Services through 78 government clinics and 440 mobile units, plantations, Federal Land Development Authority Schemes and private practitioners. FPA founded in 1958, IPPF member 1961, runs 145 fixed and 115 estate clinics. 14,198 new acceptors at FPA clinics in 1974 out of a total of 61,680 – over 90% orals. Abortion legal on medical grounds. Population education being introduced in school curricula. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO, UNESCO, IBRD, IDRC, SIDA, USAID, Asia Foundation, AVS, Population Council, WAY and World Education. IPPF East and South-east Asia and Oceania Regional Office in Kuala Lumpur.

○ ▲ **Sabah** – No official policy or programme but government support to FPA, founded in 1967. FPA runs 40 sub-centres, with 5,656 new acceptors in 1974 and does all I&E work. IPPF grant to FPA.

○ ▲ **Sarawak** – Government programme to start in January 1976. FPA founded in 1962, works closely with MCH services in rural areas. 9,995 new and 60,188 continuing acceptors at 115 FPA clinics in 1974 – nearly 95% orals. FPA responsible for training government para-medical personnel. It will continue to run 9 urban clinics and 24 sub-clinics – rest will be taken over by government. Primary role of FPA will be I&E and limited training. IPPF grant to FPA.

MONGOLIA

1,446,000	2.9%	38.8	9.3

No information on fp activities.

● ▲ ■ **NEPAL**

12,572,000	2.3%	42.9	20.3

Government programme since 1966; target to reduce growth rate to 1% by 1985. Basic fp and MCH services at 181 government centres. FPA founded in 1958, IPPF member 1960, supports national programme and participates in joint projects. 10,073 new acceptors at 5 FPA clinics and mobile camps in 1974. I&E activities are directed at local leaders and youth groups. FPA is lobbying for liberalization of abortion law. IPPF grant to FPA. Assistance from UNFPA, UNICEF, USAID, UKODM, FPIA and WAY.

OMAN

657,000	3.1%	–	–

No organized fp activities; some services available in private hospitals.

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

●▲■ PAKISTAN

70,560,000	3.1%	47.4	16.5

Government programme since 1960; target to reduce birth rate to 35/1000 by the end of 1978. Expanded programme since 1973 to reach over 90% fertile couples by 1978 with increased I&E activities, recruitment of 8,000 fieldworkers, more emphasis on post-partum and MCH services at 700 fp clinics. CBD project with 40,000 distributors. FPA, founded 1953, IPPF member 1954, recruited 37,349 new acceptors at 62 centres in 1974; majority orals and condoms through non-clinical channels. FPA experiments in innovative education and communication methods, and gives priority to services to rural areas, workers and slum dwellers. CBD project to start end of 1975. Abortion legal on medical grounds only. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO, NORAD, USAID, AVS, FPIA, Ford Foundation, IASSW and Population Council. Government grant to IPPF.

●▲■ PHILIPPINES

44,437,000	3.3%	43.8	10.5

Government programme since 1970; target to reduce growth rate to 2.4% by 1977. Fp integral part of social development and all government and private agencies participate in the programme. Services at over 2,000 clinics with 720,000 new acceptors in 1974 – 47% orals, 26% condoms, 10% IUD and 9% rhythm. Special projects to reach rural areas. 2 FPAs, founded in 1961 and 1965, merged in 1969; IPPF member since 1965; 82,010 new acceptors at 258 FPA clinics in 1974. I&E and training activities directed at rural areas and youth. Anti-contraceptive law liberalized in 1969 and restrictions on pro-natalist social measures in 1973. Trained nurses and midwives allowed to dispense and administer all acceptable contraceptives. A five-year government programme to introduce population education in primary and secondary education. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO, UNESCO, IDRC, USAID, APHA, Asia Foundation, AVS, FPIA, Ford Foundation, IASSW, JOICFP, OXFAM, Pathfinder Fund, Population Council, PSI, Rockefeller Foundation, WAY, World Education and World Neighbors.

QATAR

79,000	3.1%	–	–

No organized fp activities.

SAUDI ARABIA

8,966,000	2.9%	49.5	20.2

Government banned contraceptives in April 1975; smuggling of contraceptive pills or devices punishable by six-month imprisonment. Until then, some contraceptives were available locally, and there was some interest in health aspects of fp.

Population (1975 est.)	Growth rate (1970–75)

SIKKIM

201,000	2.0%

No organized fp activities.

●▲■ SINGAPORE

2,248,000	1.6%

Government programme since 1965; targ provides all services – increasing emphas including schools and places of work. 18 condoms. FPA founded in 1949, IPPF m at youth, trade unions and other professi in 1969. Anti-natalist legislation e.g. no for government housing, higher maternit onwards introduced in 1973. IPPF grant USAID, UKODM, Asia Foundation, For

●▲■ SRI LANKA (Ceylon)

13,986,000	2.2%

Government programme since 1965, pro birth rate to 23/1000 by 1980. Services health midwives distribute oral contracep 120,000 new acceptors in 1974 – orals a male and female, rising. FPA, founded in through 21 clinics to 6,908 new (4,350 I&E programme directed to rural areas a October 1973; over 7 million condoms d one district November 1974. Abortion le Assistance from UNFPA, WHO, ILO, UN grant to IPPF. IPPF Indian Ocean Regio

○▲■ SYRIA

7,259,000	3.0%

MOH Fp division set up in 1974 to incor IPPF member 1975, works closely with t contraceptives illegal; abortion legal for

Deaths per 1000 (1970–75)
16.5

0 by the end of
by 1978 with
s on post-partum
FPA, founded
n 1974; majority
ovative education
workers and slum
unds only. IPPF
, AVS, FPIA,
PPF.

10.5

by 1977. Fp
s participate in
in 1974 – 47%
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table contraceptives.
primary and
EF, WHO, UNESCO,
ASSW, JOICFP,
ion, WAY, World

–

20.2

tive pills or devices
were available locally,

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

SIKKIM

201,000	2.0%	–	–

No organized fp activities.

● ▲ ■ **SINGAPORE**

2,248,000	1.6%	21.2	5.2

Government programme since 1965; target to reduce birth rate to 20/1000. Government provides all services – increasing emphasis on sterilization. Intensive I&E programme including schools and places of work. 18,400 new acceptors in 1974 – 58% orals, 40% condoms. FPA founded in 1949, IPPF member 1952, is now concentrating on I&E aimed at youth, trade unions and other professional groups. Abortion and sterilization liberalized in 1969. Anti-natalist legislation e.g. no maternity benefits beyond third child, low priority for government housing, higher maternity fees, and no tax deduction from fourth child onwards introduced in 1973. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO, USAID, UKODM, Asia Foundation, Ford Foundation and Population Council.

● ▲ ■ **SRI LANKA** (Ceylon)

13,986,000	2.2%	28.6	6.3

Government programme since 1965, provides fp through MCH. Revised target to reduce birth rate to 23/1000 by 1980. Services through nearly 500 family health bureaux. Public health midwives distribute oral contraceptives and condoms at subsidised prices. Nearly 120,000 new acceptors in 1974 – orals and condoms most popular; sterilizations, both male and female, rising. FPA, founded in 1953, IPPF member 1954, provided services through 21 clinics to 6,908 new (4,350 vasectomies) and 6,366 continuing acceptors. FPA I&E programme directed to rural areas and youth. IPPF CBD project for condoms since October 1973; over 7 million condoms distributed by July 1975. Oral distribution started in one district November 1974. Abortion legal for therapeutic reasons only. IPPF grant to FPA. Assistance from UNFPA, WHO, ILO, UNICEF, SIDA, USAID, AVS and IASSW. Government grant to IPPF. IPPF Indian Ocean Regional Office in Colombo.

○ ▲ ■ **SYRIA**

7,259,000	3.0%	45.4	15.4

MOH Fp division set up in 1974 to incorporate fp into health structure. FPA formed in 1974, IPPF member 1975, works closely with the Government. Technically, publicity for contraceptives illegal; abortion legal for medical reasons only. IPPF grant to FPA.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ **TAIWAN**

15,901,884*	1.9%*	23.0*	4.8*

Government programme since 1964, policy announced in 1968. Target to reduce growth rate to 1.8% by 1978. Emphasis on fieldworkers operating from health stations throughout the island. 271,000 new acceptors in 1974 – 58% IUDs, 23% orals and 18% condoms. 55% of married women aged 15–44 using fp method. 2 FPAs, founded in 1954 and 1963. The first FPA concentrates on Taipei and other large cities. The other FPA works in co-operation with provincial health departments, and provides support to government I&E programme. Abortion easily available, although illegal. Abortion law reform under consideration. Population and family planning education integrated into school education. Assistance from UNICEF, Population Council, Pathfinder Fund, FPIA, OXFAM, Ford Foundation and Lutheran World Relief.

● ▲ ■ **THAILAND**

42,093,000	3.3%	43.4	10.8

Government programme since 1970; target to reduce growth rate to 2.5% by 1976. Fp integrated into existing health network with 453,000 new acceptors in 1974; 62% orals, 20% IUD, 16% sterilization. Large scale sales of contraceptives over the counter. FPA founded in 1970, IPPF member 1971, concentrates on I&E with emphasis on youth, workers and fp within rural development and land resettlement schemes. Developing CBD in rural areas. IPPF-supported CBD project since 1973. Trained auxiliary midwives permitted to prescribe orals and to insert IUDs. Abortion illegal except to safeguard woman's health or if pregnancy is a result of criminal offence. Fp being integrated into schools and adult literacy programmes. IPPF grant to FPA. Assistance from UNFPA, WHO, UNICEF, UNESCO, IDRC, USAID, DANIDA, APHA, Asia Foundation, AVS, FPIA, Ford Foundation, IASSW, JOICFP, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation, WAY and World Education. Government grant to IPPF.

● ▲ ■ **TURKEY**

39,882,000	2.5%	39.4	12.5

Government programme since 1965, provides services through 570 clinics. 58,653 new acceptors in 1974 – 33,037 IUDs and 23,860 orals. A bill to integrate fp with MCH under consideration. FPA founded in 1963, IPPF member 1965, provides services through 10 clinics and runs an information programme. Abortion illegal except on medical grounds, and a bill to liberalize abortion under preparation. IPPF grant to FPA. Assistance from UNFPA, WHO, UNICEF, USAID, AVS, IASSW, Ford Foundation and World Education.

Population (1975 est.)	*Growth rate (1970–75)*

○ **UNION OF SOVIET SOCIALIST REPUBLI**

255,038,000	1.0%

No official policy but advice and services ava and obstetrics and gynaecology departments 12 weeks and widely practised since 1956.

UNITED ARAB EMIRATES

190,000	3.1%

No organized fp activities.

● **VIETNAM, DEMOCRATIC REPUBLIC OF**

23,798,000	2.4%

Government programme since 1971; fp servic rate to 1.7% by 1980. IUD most popular – 4 medical grounds. SIDA provides assistance.

VIETNAM, REPUBLIC OF (SOUTH)

19,653,000	1.8%

No information on current fp situation. Gove National Population Council was established IPPF member in 1973. 26,000 new acceptors contraceptive legislation was still on the statu WHO, USAID, SIDA, IGCC, OXFAM, Popula

YEMEN, ARAB REPUBLIC OF

6,668,000	2.9%

No official policy and no organized fp activiti Government has shown some interest in healt for MCH centred fp programmes.

YEMEN, PEOPLE'S DEMOCRATIC REPUBL

1,660,000	2.9%

No official policy or programme but contrace requested UNFPA funds for MCH centred fp

aths per 1000 (1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

○ UNION OF SOVIET SOCIALIST REPUBLICS

255,038,000	1.0%	17.8	7.9

No official policy but advice and services available within health service, at local health centres and obstetrics and gynaecology departments of hospitals. Abortion available on request up to 12 weeks and widely practised since 1956.

UNITED ARAB EMIRATES

190,000	3.1%	–	–

No organized fp activities.

● VIETNAM, DEMOCRATIC REPUBLIC OF

23,798,000	2.4%	41.4	17.9

Government programme since 1971; fp services available since 1963. Target to reduce growth rate to 1.7% by 1980. IUD most popular – 41,665 users by 1972. Abortion legal on socio-medical grounds. SIDA provides assistance.

VIETNAM, REPUBLIC OF (SOUTH)

19,653,000	1.8%	41.7	23.6

No information on current fp situation. Government had provided services since 1967 and a National Population Council was established in 1973. FPA was founded in 1968 and became IPPF member in 1973. 26,000 new acceptors in 1974; orals most popular. 1920 French anti-contraceptive legislation was still on the statute. IPPF gave grant to FPA. Assistance from WHO, USAID, SIDA, IGCC, OXFAM, Population Council and Pathfinder Fund.

YEMEN, ARAB REPUBLIC OF

6,668,000	2.9%	49.6	20.6

No official policy and no organized fp activities. Individual physicians give fp advice. Government has shown some interest in health aspects of fp and requested UNFPA funds for MCH centred fp programmes.

YEMEN, PEOPLE'S DEMOCRATIC REPUBLIC OF

1,660,000	2.9%	49.6	20.6

No official policy or programme but contraceptives available locally. Government has requested UNFPA funds for MCH centred fp programmes.

Europe

Region	Population in 1975	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1((1970-75)
Europe	473,128,000	539,812,000	0.6%	16.1	10.4

The degree of government involvement in family planning in Europe shows considerable variation although contraceptive services are generally available in most countries. In many European countries family planning has been integrated with public health services but despite the long history of voluntary family planning associations, government participation is relatively recent. In Britain for example, where the first family planning pioneers were active as early as 1920s, the government assumed responsibility for providing contraceptive services in 1974. In 1975 contraceptive advice and services became part of social security in France, and in Portugal the government started providing services through public health centres. Under a new law passed in July 1975, municipal family planning centres will be set up in Italy with government support. There are still some countries however – Greece, Malta and Spain – where laws and regulations restrict the publicity or sale of contraceptives.

The pioneering role of the voluntary associations is well recognised by most governments. With the increased government participation in family planning, associations now are working as partners with the government programmes with specific responsibilities such as information and education programmes, training and sometimes operating model clinical programmes at government request.

Europe has the lowest population growth and birth rates in the world. The steady decline in fertility and the low levels of increase in population have started to cause concern among many governments especially in Eastern these countries as a basic health service, women's rights, some governments hav introducing increased social welfare ben or housing allowances. Liberal abortio vakia, Hungary and Romania to wome children. In contrast, western European easily and widely available. There are at tary sterilization and in some countries

Sex education is another area where a Europe. In many countries sex educatio curricula and there is a trend to include to meet the needs of the younger gener this area and work closely with the gov

A major part of the international assis European countries, particularly from S channels.

Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1970-75)	Life Expectancy (1970-75)
0.6%	16.1	10.4	23.9%	71.2

considerable
ntries. In many
h services but
ent participation
pioneers were
ng contraceptive
social security in
h public health
entres will be
vever – Greece,
of contraceptives.

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ons now are
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g model clinical

steady decline
e concern among

many governments especially in Eastern Europe. Although contraceptives are provided in these countries as a basic health service, and a substitute for abortion and in recognition of women's rights, some governments have taken steps to encourage higher birth rates by introducing increased social welfare benefits such as children allowances, maternity benefits, or housing allowances. Liberal abortion laws have been restricted in Bulgaria, Czechoslovakia, Hungary and Romania to women in older age groups and with more than 3 or 4 children. In contrast, western European countries are moving towards making abortion more easily and widely available. There are attempts too, to liberalize the laws restricting voluntary sterilization and in some countries it is now available on request.

Sex education is another area where a great deal of advancement has been achieved in Europe. In many countries sex education is included in the primary and secondary school curricula and there is a trend to include family planning education in sex education in order to meet the needs of the younger generation. Family planning associations are very active in this area and work closely with the governments.

A major part of the international assistance to family planning programmes comes from European countries, particularly from Scandinavia, through both bilateral and multilateral channels.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

ALBANIA

2,482,000	2.7%	33.4	6.5

No information on fp activities.

●AUSTRIA
▲
■

7,358,000	0.3%	14.7	12.2

Ministry of Fp set up in 1971. Services at over 100 clinics and fp included in social welfare information offices. FPA, founded 1970, IPPF member 1971, closely co-operates with government in I&E and runs 50 clinics at maternal and local health facilities, majority financed by government. FPA organises training and sex education courses and meetings for health personnel, trade unionists and vocational schools. Ban on IUD lifted in 1973 and first trimester abortion legalised in January 1975. IPPF grant to FPA.

○BELGIUM
▲
■

9,846,000	0.4%	14.8	11.2

No official policy, although government intention to develop and improve fp and marriage guidance centres declared in 1974. Contraceptives generally available, consultation fees reimbursed by social security. An I&E campaign launched in January 1974, with FPA-organized training courses for marriage counsellors and sex educators. Federated FPA founded in 1963, IPPF member 1967, groups 29 centres which run clinics and information centres. Major role of FPA to lobby for integration of fp with other health services and in support of sex education in schools. Fp publicity legalised in 1973; abortion still illegal. IPPF grant to FPA. Government grant to IPPF.

○BULGARIA
■

8,793,000	0.7%	16.2	9.1

Official policy and social measures to increase birth rate. Fp advice and services through 2,500 women's consultation clinics – varying from small rural preventive health centres to university hospitals. Family Development Council became IPPF member in 1975. Abortion law restricted in 1973 to women aged 40 or more and/or with 2 or more children, except on medical or eugenic grounds.

○CZECHOSLOVAKIA

14,757,000	0.6%	16.9	11.2

Official policy and social measures to increase birth rate although government favours contraception as substitute to abortion and in recognition of women's rights. Fp advice and services at hospitals and health clinics. All methods available. Abortion restricted in 1973 to women over 40 or women with 3 or more children. Some social indications, e.g. housing or financial difficulties are also grounds for abortion.

Population (1975 est.)	*Growth rate (1970–75)*

●DENMARK
▲
■

5,026,000	0.4%

Government services through health networ
IPPF member the same year runs 2 clinics in
services. 250,000 pill users and 45,000 IUD
between government and other agencies and
Fp advice compulsory after delivery and abo
since 1973; 35 abortions per 100 live births
aged 24 or more. Sex education compulsory
international assistance and grants to IPPF.

●FINLAND
▲
■

4,652,000	0.2%

Government services through public health
IPPF member 1959, is active in population
4 clinics with 15,885 visits in 1974; 3,434 I
abortion which is available on social ground
and child allowances increased in 1974. Sex
national assistance and grants to IPPF.

●FRANCE
▲
■

52,913,000	0.9%

Government provides fp advice and services
reimbursed by social security. FPA, founded
information centres, 5 offer fp services. FPA
and counselling programme and provides tra
of pregnancy and on medical grounds at late

●GERMAN DEMOCRATIC REPUBLIC
▲
■

17,193,000	0.2%

Government services through health networ
in 1973; 40% of women in fertile ages using
member 1967, runs about 200 marriage and
local health facilities and supported by the g
for young people and motivation to have chi
and available free-of-charge during the first 1
per 100 live births in 1973. Sex education co

ths per 1000 1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

●▲■DENMARK

5,026,000	0.4%	14.0	10.1

Government services through health network and general practitioners. FPA, founded in 1955, IPPF member the same year runs 2 clinics in Copenhagen. Mothers' Aid Institute also provides services. 250,000 pill users and 45,000 IUD acceptors in 1974. FPA acts as co-ordinating body between government and other agencies and concentrates on I&E, especially sex education. Fp advice compulsory after delivery and abortion. First trimester abortion legal on request since 1973; 35 abortions per 100 live births in 1974. Sterilization legal on request for those aged 24 or more. Sex education compulsory from age 7 since 1971. Government gives international assistance and grants to IPPF.

●▲■FINLAND

4,652,000	0.2%	13.2	9.3

Government services through public health network, free-of-charge. FPA, founded in 1941, IPPF member 1959, is active in population and fp policy research and family guidance. Runs 4 clinics with 15,885 visits in 1974; 3,434 IUD insertions. Fp advice compulsory after abortion which is available on social grounds. Sterilization legal. Maternity benefits extended and child allowances increased in 1974. Sex education in schools. Government gives international assistance and grants to IPPF.

●▲■FRANCE

52,913,000	0.9%	17.0	10.6

Government provides fp advice and services since December 1974; cost of contraceptives reimbursed by social security. FPA, founded in 1956, IPPF member 1959, runs over 500 information centres, 5 offer fp services. FPA has an active information, sex education and counselling programme and provides training. Abortion legal on request up to ten weeks of pregnancy and on medical grounds at later stages since January 1975.

●▲■GERMAN DEMOCRATIC REPUBLIC

17,193,000	0.2%	13.9	12.4

Government services through health network free-of-charge. 1.5 million contraceptive users in 1973; 40% of women in fertile ages using orals or IUDs. FPA, founded in 1964, IPPF member 1967, runs about 200 marriage and sexual counselling centres, mostly located at local health facilities and supported by the government. FPA emphasizes marriage counselling for young people and motivation to have children, especially second and third. Abortion legal and available free-of-charge during the first 12 weeks of pregnancy since 1972; 59 abortions per 100 live births in 1973. Sex education compulsory in primary and secondary schools.

Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

○ GERMAN FEDERAL REPUBLIC

61,682,000	0.3%	12.0	12.1

No official policy but support to a model fp and pregnancy counselling project. FPA, founded in 1952, IPPF member the same year, runs 50 clinics and at government request, opened model clinics and held training courses in pregnancy counselling in 1974. Contraceptives widely available, 25% of women aged 15-44 use orals. Law under preparation for provision of orals and fp and pregnancy counselling under social security scheme. Law permitting first trimester abortion on demand passed by Parliament but witheld by Supreme Court in 1974. Government gives international assistance and grants to IPPF.

GREECE

8,930,000	0.3%	15.9	9.4

No official policy and no organized fp activities. Advice and services at 2 hospitals in Athens. Contraceptives, except IUDs, generally available but their advertisement illegal. Abortion legal on medical grounds and in cases of rape and incest only.

○ HUNGARY

10,534,000	0.4%	15.2	11.5

Government supports provision of fp advice and services through health service although official policy is to promote higher birth rate. Social welfare measures, e.g. child allowances and maternity benefits increased in 1974. All contraceptives available. Fp advice before marriage compulsory. Hungarian Scientific Society for Family Welfare became IPPF member in 1975. Abortion, legal on liberal grounds since 1956, restricted to health reasons or to women with 3 or more children in 1974. Sex education at all school levels since 1974.

○ ICELAND

216,000	1.2%	19.2	7.7

Services available at hospitals and doctors legally required to give advice. Orals and IUDs most popular. Abortion legal on socio-medical grounds.

▲ IRISH REPUBLIC

3,131,000	1.2%	22.1	10.4

Official fp policy restrictive. FPA, founded in 1969, IPPF member 1973, runs 4 clinics. All methods available, including vasectomy. 6,294 new acceptors at 2 FPA clinics in 1974; orals most popular and 20% use IUDs. FPA plans to train health personnel. Import of contraceptives legalized by Supreme Court in 1973 but their sale is still illegal. Abortion illegal. IPPF grant to FPA.

Population (1975 est.)	Growth rate (1970–75)

○ ITALY

55,023,000	0.5%

Government support to municipal family 1975. Federated FPA, founded in 1968, and suburban centres, emphasizes I&E a methods readily available in urban areas. Abortion still illegal except on serious m by MOE. IPPF grant to FPA.

○ LUXEMBOURG

342,000	0.2%

Government support to FPA, founded in with 4,350 visits in 1974 and concentrat grounds only.

MALTA

329,000	0.2%

No official policy and no organized fp a but import for personal use permitted. A in rhythm method organized by RC Chu

● NETHERLANDS

13,599,000	0.9%

Government services widely available. C charge to those covered by health insura IPPF member 1952, runs over 60 centre sterilization, and abortion services. Abou contraceptives. FPA is very active in I&E personnel. Abortion legal on medical gr and grants to IPPF

● NORWAY

4,007,000	0.7%

Government services through public hea aged 15-44 use orals. FPA, founded in 1 organizes training courses for teachers a indications since May 1975. Sex educati assistance and grants to IPPF.

eaths per 1000 (1970–75)	*Population (1975 est.)*	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ ITALY

55,023,000	0.5%	16.0	9.8

Government support to municipal family centres to be set up under new law passed in July 1975. Federated FPA, founded in 1968, IPPF member 1969, provides services through city and suburban centres, emphasizes I&E and sex education and trains health personnel. All methods readily available in urban areas. Anti-contraceptive laws repealed in 1971 and 1972. Abortion still illegal except on serious medical conditions. Sex education courses sponsored by MOE. IPPF grant to FPA.

12.1

ject. FPA, ment request, 1974. nder preparation y scheme. Law held by Supreme F.

○ LUXEMBOURG

342,000	0.2%	13.5	11.7

Government support to FPA, founded in 1965, IPPF member 1967. FPA runs one centre with 4,350 visits in 1974 and concentrates on sex education. Abortion legal on strict medical grounds only.

9.4

spitals in Athens. gal. Abortion

MALTA

329,000	0.2%	17.5	9.0

No official policy and no organized fp activities. Advertising of contraceptives prohibited but import for personal use permitted. Abortion illegal. Family life education and instruction in rhythm method organized by RC Church group.

11.5

vice although child allowances dvice before me IPPF member easons or to ince 1974.

● NETHERLANDS

13,599,000	0.9%	16.8	8.7

Government services widely available. Contraceptives requiring medical supervision free-of-charge to those covered by health insurance – 70% of population. FPA, founded in 1881, IPPF member 1952, runs over 60 centres and provides all contraceptive methods, including sterilization, and abortion services. About 25% of women in fertile ages estimated to use contraceptives. FPA is very active in I&E and organizes sex education courses for health personnel. Abortion legal on medical grounds only. Government gives international assistance and grants to IPPF

7.7

als and IUDs

● NORWAY

4,007,000	0.7%	16.7	10.1

Government services through public health network. All methods available and 30% of women aged 15-44 use orals. FPA, founded in 1969, IPPF member 1970, concentrates on I&E and organizes training courses for teachers and pharmacists. Abortion legal on broad medical indications since May 1975. Sex education compulsory. Government gives international assistance and grants to IPPF.

10.4

ns 4 clinics. All cs in 1974; Import of al. Abortion

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ ■ POLAND

33,841,000	0.8%	16.8	8.5

Government services through over 3,000 health centres; 70% of the cost of contraceptives reimbursed by social insurance scheme. FPA, founded in 1957, IPPF member 1959, runs 13 clinics with 4,393 visits for contraception in 1974; orals most popular. FPA concentrates on I&E, especially sex education, conducts research and, in co-operation with MOH, organizes training courses for health personnel. First trimester abortion legal on socio-medical grounds. Family life education included in secondary school curricula in 1973.

● ▲ ■ PORTUGAL

8,762,000	0.3%	18.4	10.0

Government services through health network started in 1975. Services available at 40 MCH clinics. FPA, founded in 1967, IPPF member 1971, organizes training courses for health personnel at MOH request and conducts I&E work. Advertising of contraceptives and abortion illegal. IPPF grant to FPA.

○ ROMANIA

21,178,000	0.9%	19.3	10.3

Government policy favours higher fertility but contraception is promoted to prevent abortion. Advice and services available at some hospitals. Abortion restricted in 1966 to medical grounds and to women with 4 or more children.

SPAIN

35,433,000	1.0%	19.5	8.3

No official policy and no organized fp activities but services are available privately and to a limited extent at some hospitals. Spanish Society for Fertility works towards official recognition of fp and sex education since 1973. Advertising, distribution and practice of contraception is prohibited but orals, IUDs and condoms available for purposes other than contraception. Abortion illegal except to save woman's life. IPPF provides assistance.

Population (1975 est.)	*Growth rate (1970–75)*

● ▲ ■ SWEDEN

8,291,000	0.6%

Government programme through public heal
IUDs are free-of-charge, orals subsidized. FP
2 clinics with 10,732 visits in 1974 and sells
sex education courses for health personnel a
tive advice obligatory after delivery and abo
weeks of prenancy and after discussion with
January 1975. Sex education compulsory. G
grants to IPPF.

○ ▲ SWITZERLAND

6,535,000	0.8%

No official policy but fp integrated with heal
available in some other cantons. FPA founde
hospitals provide training. Abortion legal on
ing the law vary between cantons. Sex educa

● ▲ ■ UNITED KINGDOM

56,427,000	0.3%

Government programme through national he
free-of-charge since 1975. FPA, founded in 1
than 1,000 clinics and domiciliary services to
acceptors at FPA clinics in 1974, orals most
school sex education and training. Abortion
gives international assistance and grants to IP
in London.

● ▲ ■ YUGOSLAVIA

21,322,000	0.9%

Fp recognized as human right in Constitution
health units. All contraceptives provided free-
1967, concentrates on sex education, by train
legal on socio-medical grounds and doctors ar

○ SOME GOVERNMENT INVOLVEMENT ● GOVERNMENT PROGRAMME ▲ FAMILY PLANNING ASSOCIATION ■ IPPF MEMBER

...per 1000 ...70–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

● SWEDEN

▲ ■

...8.5	8,291,000	0.6%	14.2	10.5

...raceptives ...59, runs 13 ...centrates on ..., organizes ...ical grounds.

Government programme through public health network. Initial supply of contraceptives and IUDs are free-of-charge, orals subsidized. FPA, founded in 1934, IPPF member 1952, runs 2 clinics with 10,732 visits in 1974 and sells condoms through 3,000 outlets. FPA organizes sex education courses for health personnel and trains midwives in IUD insertion. Contraceptive advice obligatory after delivery and abortion. Abortion available on demand up to 12 weeks of prenancy and after discussion with social worker between 13–18 weeks since January 1975. Sex education compulsory. Government gives international assistance and grants to IPPF.

○ SWITZERLAND

▲

...9.0	6,535,000	0.8%	14.7	10.0

...t 40 MCH ...r health ... and

No official policy but fp integrated with health services in Canton de Vaud and advice is available in some other cantons. FPA founded in Canton de Vaud in 1971. Some university hospitals provide training. Abortion legal on medical grounds but regulations for implementing the law vary between cantons. Sex education compulsory in some cantons.

● UNITED KINGDOM

▲ ■

...9.3	56,427,000	0.3%	16.1	11.7

...vent ...1966 to

Government programme through ...ional health service in 1974 and advice and services free-of-charge since 1975. FPA, ...ounded in 1930, IPPF member 1952, will hand over its more than 1,000 clinics and domiciliary services to government by the end of 1976. 353,733 new acceptors at FPA clinics in 1974, orals most popular. FPA is active in I&E, in and out-of-school sex education and training. Abortion legal on socio-medical grounds. Government gives international assistance and grants to IPPF. IPPF Central and Europe Regional Offices in London.

● YUGOSLAVIA

▲ ■

...2.3	21,322,000	0.9%	18.2	9.2

...y and to ...fficial ...ctice of ...ther than ...nce.

Fp recognized as human right in Constitution in 1974. Government services at over 1,300 health units. All contraceptives provided free-of-charge. FPA, founded in 1966, IPPF member 1967, concentrates on sex education, by training teachers and producing material. Abortion legal on socio-medical grounds and doctors are obliged to give fp advice.

52

Oceania

Region	Population in 1975	Population in 2000	Population Brewth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 10 (1970-75)
Oceania	21,308,000	32,715,000	2.0%	24.8	9.3

Interest in family planning has grown considerably in Oceania during the last few years. Although the first voluntary family planning movement was started as early as 1926 in Australia and in 1935 in New Zealand, many private and public family planning programmes have been initiated only in the 1970s. Some governments have policies and objectives to slow down the population growth rate which is an impediment to their development efforts and others aim at making contraceptive services available to their people through the MCH and public health networks. A substanti in Fiji where a successful family planni

Governments of Australia and New Zeal and abroad, by giving grants to national zations to assist programmes in developi

ulation Brow th te (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
2.0%	24.8	9.3	31.5%	65.8

few years.
1926 in
programmes
ctives to
nent efforts
the MCH

and public health networks. A substantial decline in the fertility rate has been experienced in Fiji where a successful family planning programme has been in operation since 1962.

Governments of Australia and New Zealand are supporting family planning both at home and abroad, by giving grants to national family planning agencies and international organizations to assist programmes in developing countries.

Population (1975 est.)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ AMERICAN SAMOA

32,000	3.1%	31.0*	4.4*

Government provides clinical services and the FPA, founded in 1973, I&E. IPPF grant to FPA.

○ ▲ ■ AUSTRALIA

13,809,000	1.9%	21.0	8.1

Government supports fp activities. FPA, founded in 1926, IPPF member in 1953, provided services to 20,101 new acceptors in 1974, through 73 clinics. FPA has an effective I&E and training programme and runs special courses for youth and sex education. Services also widely available privately and per capita use of orals is highest in the world. Laws restricting the advertising of contraceptives have recently been liberalized, and sales tax on oral contraceptives removed. Abortion in South Australia is legal for medical, eugenic and social reasons. Government gives international assistance and grant to IPPF.

● ▲ ■ FIJI

577,000	2.1%	25.0	4.3

Government programme since 1962; fp integrated in MCH and general social welfare services. 30,402 acceptors in 1973; tubal ligation, orals and IUDs most popular. FPA founded in 1963, IPPF member 1967, responsible for I&E. FPA is encouraging sex education in schools and has started a CBD project for condoms. IPPF grant to FPA. Assistance from UNICEF and UKODM.

● ▲ GILBERT ISLANDS (statistics are for the combined former Gilbert and Ellice Islands)

66,000	3.4%	22.3**	7.3**

Government developing fp as part of MCH. Services at hospitals and by touring nurses trained in IUD techniques. FPA, founded in 1969, works mainly on I&E. About 35.6% of fertile women were using contraceptives in 1972; IUDs and orals most popular. IPPF grant to FPA. Assistance from WHO and UKODM to improve MCH facilities.

▲ NEW HEBRIDES

96,000	2.8%	–	–

An FPA, founded in early 1974 is engaged in I&E.

○ ▲ ■ NEW ZEALAND

3,031,000	1.5%	22.3	8.3

Government support to fp activities. FPA, founded in 1935, IPPF member in 1955, served 8,000 new and 19,775 continuing acceptors at 31 clinics in 1974. Also plays a major role in I&E. 30% of eligible women use effective contraceptives, particularly orals, from private doctors. Sterilization gaining popularity since 1972. Family life education included in most secondary school curricula with an active role from FPA. Extension of family life education to other levels of schooling planned. IPPF provides assistance to FPA for fund-raising. Government gives international assistance and grant to IPPF.

Population (1975 est.)	*Growth rate (1970–75)*

● ▲ PAPUA and NEW GUINEA

2,716,000	2.4%

Government programme since 1968 through
services. 5,146 new acceptors in 1974; IUD
trates mainly on I&E, communication and tr
FPA. Assistance from WHO and Community

○ ▲ SOLOMON ISLANDS

187,000	2.8%

Government policy to introduce fp into heal
1973, operates a clinic at the government he
It concentrates on I&E programmes, especial

▲ TAHITI

128,000	3.1%

Two voluntary FPAs, founded in 1958 and 1

▲ TOKELAU ISLANDS

2,000*	–

FPA founded recently.

● ▲ TONGA

101,000	3.1%

Government programme since 1958; target to
in 1974; injectables most popular, followed b
concentrates on I&E. IPPF grant to FPA. Ass

● ▲ WESTERN SAMOA

164,000	3.1%

Government programme since 1971; target to
1991. All methods including tubal ligation ar
on I&E in support of national programme. W
role. IPPF grant to FPA. Assistance from UN

ths per 1000 1970–75)	Population (1975 est.)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

● PAPUA and NEW GUINEA

2,716,000	2.4%	40.6	17.1

Government programme since 1968 through 128 clinics, 29 church hospitals and 2 mobile services. 5,146 new acceptors in 1974; IUD most popular. FPA, founded in 1974, concentrates mainly on I&E, communication and training. Sex education in schools. IPPF grant to FPA. Assistance from WHO and Community Aid Abroad.

○ SOLOMON ISLANDS

187,000	2.8%	–	–

Government policy to introduce fp into health services announced in 1974. FPA, founded in 1973, operates a clinic at the government health centre and supplies contraceptives to MOH. It concentrates on I&E programmes, especially in the rural areas. IPPF grant to FPA.

▲ TAHITI

128,000	3.1%	–	–

Two voluntary FPAs, founded in 1958 and 1969, provide services.

▲ TOKELAU ISLANDS

2,000*	–	24.5***	4.5***

FPA founded recently.

● TONGA

101,000	3.1%	28.3**	3.2**

Government programme since 1958; target to reduce growth rate to 1%. 1,465 new acceptors in 1974; injectables most popular, followed by condom, IUD and orals. FPA, founded in 1969, concentrates on I&E. IPPF grant to FPA. Assistance from UNFPA, UNICEF and WHO.

● WESTERN SAMOA

164,000	3.1%	32.1*	4.2*

Government programme since 1971; target to reduce fertility rate by 33% during 1976 – 1991. All methods including tubal ligation are offered. FPA founded in 1972, concentrates on I&E in support of national programme. Women's organizations also play an important role. IPPF grant to FPA. Assistance from UNFPA, UNICEF and WHO.

4.4*
PF grant to FPA.

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ctive I&E and
vices also
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on oral
nic and social

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CEF and UKODM.

Islands)

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56

The International Planned Parenthood Federation

The International Planned Parenthood Federation is a non-profit international organization of 90 voluntary family planning associations dedicated to the belief that knowledge of family planning is a basic human right and that a balance between the world's population and its national resources and productivity is a necessary condition of human happiness, prosperity and peace.

The IPPF stimulates the formation of family planning associations in all countries of the world and provides them with financial support, technical assistance and advisory services in the medical, educational, training and administrative aspects of their work. IPPF-supported associations offer contraceptive services, recruit and train staff and seek to inform and educate all sectors of the population about the practice of family planning and the urgency of reducing population growth rates for the future welfare of the individual and the social and economic development of the country. The IPPF assists associations to bring about a climate of public support in each country which will lead to a sound population policy and the provision of nationwide government family planning services. When this is achieved the association usually retains broad responsibilities for education and training and for ensuring community support for the programme, often carrying out pilot projects to seek solutions to special problems and using its independent status to pioneer new methods and approaches.

The International Planned Parenthood Federation is financed by voluntary contributions from private citizens and foundations all over the world, and by grants from governments. A gross budget of $50.6 million (including the local income of grant-receiving organizations) has been established to carry out the international programme of assistance for 1976. To meet this need fund-raising campaigns have been established in several countries and associations are being assisted to seek local, private and government support for their work.